CORNWALL COUNTY COUNCIL.

REPORT

OF THE

Medical Officer of Health,

FOR THE YEAR 1925,

BY

E. M. CLARKE, M.D. (Lond).

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CONTENTS.

REPORT OF THE MEDICAL OFFICER OF HEALTH FOR THE YEAR 1925.

The Ministry of Health require that the Annual Report for 1925 shall be a " Survey Report " dealing with the progress and changes made during the preceding five years.

STATISTICS.

(See also Tables I. to IV. at the end of the Report.)

Area. 868,167 acres. Urban 59,520 acres, and Rural 808,647 acres. In the Rural is included 4,041 acres in the Isles of Scilly.

Population. 317,100. Urban 141,797, and Rural 175,303. Owing to the extension of the St. Austell Urban District, its population has been increased, and that of the Rural District diminished. The population of the Scilly Isles is 1,708, and this number is included by the Registrar General in all statistics of the County.

Although the number of births exceeds the number of deaths in the County the population is a diminishing one, owing to the migration of young adults. In the decennium 1911-21, although there was an excess of 12,087 births over the deaths, there was a loss of 19,480 by migration, causing a loss of 7,393 in population. In 1861 a maximum population of 369,390 was recorded. Since then there has been a decrease each decennium except for 1901-11. From 1801 to 1841 the growth of the population was similar to that of England and Wales. After that date the comparison has been against the County, especially after 1861, the date of the maximum population. The population of Cornwall in 1901 was 1⅔ that for 1801, while the corresponding figure for England and Wales was 3½.

Period.	Increase or Decrease. Cornwall.	England and Wales.
1901-11	+ 1.8 p.c. ...	+ 10.9 p.c.
1911-21	− 2.3 p.c. ...	+ 4.9 p.c.

Census Returns of Population for Cornwall.

Year.	Males.	Females.	Persons.
1801	—	—	192,281
1861	—	—	369,390
1891	149,259	173,312	322,571
1901	149,937	172,397	322,334
1911	151,614	176,484	328,098
1921	147,462	173,242	320,705

Density of Population per acre. County 0.4; Urban 2.4, and Rural 0.2. Districts with the greatest densities: Penzance, 33.4; Saltash, 18.8; Falmouth, 16.8; the East Ward of Penzance Borough, 46.

Occupations. The 1921 census gives the occupation of males and females of 12 years of age and over. The chief occupations are:—

Males—

Agricultural	25,931
Transport Workers	9,126
Mining and Quarrying	9,108
Commercial and Financial	7,352
Metal Workers	5,993
Builders, Bricklayers, etc.	5,338
Fishermen	2,775
Total occupied	96,185
Unoccupied and retired	19,647

Females—

Personal service	15,853
Commercial and Financial	4,789
Total occupied	32,732
Unoccupied, including retired ...	109,427

Births. 4,973 births were registered, including those in the Scilly Isles, giving a birth rate of 15.68 per 1,000 of the population. In the Urban Districts there were 2,183 births, a rate of 15.39, and in the Rural Districts 2,790 births, a rate of 15.91. There were 228 illegitimate births, 111 in Urban, and 117 in Rural Districts.

Previous Rates :—

	Cornwall.	England and Wales.
1971-80 ...	—	35.4 (the maximum.)
1882	29.87	33.8
1914	19.51	23.8
1921	19.57	22.4
1922	17.7	20.4
1923	17.28	19.7
1924	16.34	18.8
1925	15.68	18.3

The birth rate in the south of England is always lower than that in other parts of England and Wales. The fall during the last five years is similar in Cornwall and England and Wales.

Deaths. There were 4,104 deaths, giving a death rate of 12.95. The death rate in the Urban districts was 12.89, and that in the Rural areas 13.0 per 1,000 of the population.

Previous Rates :—

	Cornwall.	England and Wales.
1861-70 ...	—	22.5 (maximum recorded.)
1882	18.79	19.6
1914	13.9	13.98
1921	13.24	12.1
1922	14.17	12.75
1923	13.35	11.6
1924	13.31	12.2
1925	12.95	12.2

The death rates for Cornwall are higher than those for England and Wales, because of the different composition of the population. In Cornwall there are relatively more old people, owing to the migration of the young population.

Natural Increase. There were 869 more births than deaths, a natural increase of 2.7 per 1,000 of the population. As stated under the heading of "Population," however, owing to migration the population is a diminishing one.

Previous Rates :—

	Cornwall.	England and Wales.
1921	6.3	10.3
1922	3.6	7.7
1923	3.9	8.1
1924	3.0	6.6
1925	2.7	6.1

As stated under " Population " the " actual " increase in England and Wales for the period 1911-21 was 4.9 per cent. The " natural " increase, however, was 8.38 per cent., the difference being accounted for by migration and the loss by deaths abroad during the war.

Comparison of natural and actual increase for the decennium 1911-21 :—

	Natural increase.	Actual increase or decrease.
England and Wales ...	+ 3.62 p.c. ...	− 2.3 p.c.
Cornwall	+ 8.38 p.c. ...	+ 4.93 p.c.

Infant Mortality. There were 280 deaths of infants under one year of age, giving an infant mortality rate of 56.30 per 1,000 births. In 1924 it was 61.74, and in 1923 it was 55.32, the lowest recorded for the County.

The rate for the Urban districts was 53.59, and for the Rural districts 58.42.

Previous Rates :—

	Cornwall.	England and Wales.
1892	134.18	148
1921	72.97	83
1922	68.20	77
1923	55.32	69
1924	61.74	75
1925	56.30	75

Further particulars will be given under the heading " Maternity and Child Welfare."

Chief Causes of Death at all Ages.

	Males.	Females.	Total.	p.c. of deaths.
Diseases of the heart and blood vessels	465	632	1,097	26
Cancer	198	319	517	12
Respiratory diseases	241	238	479	11
Tuberculosis	194	162	356	8
Congenital debility	74	73	147	3
Suicide and violence	81	38	119	3
Acute and chronic nephritis ...	53	66	119	3
Influenza	47	51	98	2

Nearly all the deaths from congenital debility were in infants under the age of one year. Most of the deaths from Tuberculosis were in persons under the age of 45 years. Most of the other deaths were in persons over 45 years of age. Of the male deaths over the age of 45 years 2 out of every 15 were due to Cancer, and of the female deaths over the same age 2 out of 11 were due to cancer.

INFECTIOUS DISEASES.

Enteric Fever. 23 cases were notified, and there were 5 deaths, giving a case mortality of 21.7 per cent. These cases occurred in 8 Urban and 5 Rural districts.

	Cornwall.				England and Wales.	
	Cases notified.	Notification rate.	Deaths.	Death rate.	Notification rate.	Death rate.
1898	... 219	0.68	33	0.10	—	0.18
1921	... 31	0.10	4	0.01	0.10	0.02
1922	... 25	0.08	8	0.02	0.06	0.01
1923	... 61	0.19	8	0.02	0.08	0.01
1924	... 23	0.07	5	0.01	0.11	0.01
1925	... 23	0.07	5	0.01	—	0.01

Towards the end of the last century the cases of Enteric Fever and the deaths were about ten times the present numbers. Apart from epidemics the cases are now few in number and generally isolated cases, and it is often difficult to trace the source of infection. Possible sources of isolated cases are direct infection from a person, "a carrier," handling food, or infection from infected fish, especially shell fish. Epidemics may still occur in Cornwall as the water supply is not always safe from possible pollution. Another possible source of an epidemic is infection of a milk supply by a milker who is suffering from the disease, or who is a carrier of the disease since a more or less recent attack of the disease.

Diphtheria. 93 cases were notified, 74 in Urban and 19 in Rural districts. These cases occurred in 21 districts, the greatest number being 28 in Penzance. There were 9 deaths, a case mortality of nearly 9.7 per cent.

Diphtheria is usually spread from person to person, and although insanitary conditions may render people more susceptible to the disease, they do not directly cause the disease. It is possible to have the most insanitary conditions without an epidemic of Diphtheria, the usual origin of the disease being the introduction of a person suffering from the disease, or a carrier of the disease, into a community susceptible to the disease. During recent years many districts in Cornwall, where there had been no cases for years, have been invaded by the disease, and the greater facilities for travelling are lessening the difference between rural and urban districts. The fact of compulsory education has made Diphtheria endemic in most large towns, and the population accordingly develops considerable immunity to the disease. No doubt in the course of time there will be very little difference in this respect between Urban and Rural areas.

There are few Isolation Hospitals in the County, so that the following Tables show the results obtained apart from anything except home treatment as a rule.

	Cornwall.				England and Wales.	
	Cases notified.	Notification rate.	Deaths.	Death rate.	Notification rate.	Death rate.
1898	... 143	—	33	0.10	—	0.24
1920	... 883	2.77	62	0.19	—	0.15
1921	... 581	1.87	29	0.09	1.76	0.12
1922	... 186	0.61	15	0.05	1.37	0.11
1923	... 96	0.30	4	0.01	1.05	0.07
1924	... 66	0.20	4	0.01	1.07	0.06
1925	... 93	0.29	9	0.03	—	0.07

Since the year 1898 the year with the largest number of cases notified was 1920, when the number reached 883 and there were 62 deaths, a case mortality of 7 per cent. The notification rate was 2.77 and the death rate 0.19 per 1,000 of the population. The average case mortality is now about 6 per cent. of notified cases.

Small Pox. There were no cases notified in the County. In England and Wales 5,355 cases were notified, chiefly in the Midlands and the North of England. In 1924 there were notified in England and Wales 2,485 cases, a notification rate

of 0.1 per 1,000 of the population. The disease is at present of a mild type and there are few deaths. There is a case mortality of 0.3 per cent now as compared with 42.9 in the year 1917.

Tuberculosis. See separate heading.

Scarlet Fever. 236 cases were notified, 103 in Urban, and 133 in Rural districts. 28 districts out of 43 were affected. 35 cases were notified in the Camelford Rural district and 25 in the Liskeard Rural district. The notification rate was 0.7 per 1,000 of the population. There was one death. Scarlet Fever is now a very mild disease compared with the type of disease seen 20 to 30 years ago. There are few deaths, although a certain number of persons survive with damaged kidneys. The average case mortality is now 1.05 per cent. of notified cases.

	Cornwall.				England and Wales.	
	Cases notified.	Notification rate.	Deaths.	Death rate.	Notification rate.	Death rate.
1898	... 533	—	—	0.02	—	0.11
1921	... 249	0.79	1	0.003	3.64	0.03
1922	... 308	0.99	0	0	2.85	0.04
1923	... 297	0.94	0	0	2.24	0.03
1924	... 222	0.69	2	0.006	2.16	0.02
1925	... 236	0.74	1	0.003	—	0.03

In 1914 there were 1,451, and in 1906 there were 1,469 notifications, and a death rate of 0.08 per 1,000 population in Cornwall.

Cerebro-Spinal Fever. 2 cases were notified, and there were 2 deaths. It is only within recent years that this disease has attracted much attention as a serious epidemic disease. In England and Wales the largest number of cases was 2,566 in the year 1915. The largest ever notified in Cornwall was also in 1915 when 41 cases were notified. The case mortality is a high one but varies in different years from 20 to 70 per cent. In England and Wales in 1924 the average case mortality was 74.6 per cent. of notified cases. 82 per cent of the deaths were in persons under 20 years of age.

	Cornwall.				England and Wales.	
	Cases notified.	Notification rate.	Deaths.	Death rate.	Notification rate.	Death rate.
1921 ...	3	0.009	3	0.009	0.01	0.011
1922 ...	1	0.003	2	0.006	0.01	0.009
1923 ...	3	0.009	2	0.006	0.01	0.007
1924 ...	2	0.006	3	0.009	0.01	0.008
1925 ...	2	0.006	2	0.006	—	—

Poliomyelitis. One case was notified and there was one death. There has been sporadic cases in the County and in England and Wales for many years under the name of Infantile Paralysis. In the recent years, however, especially in America, the disease has assumed epidemic proportions. The first serious epidemic in the County was in 1911, when 24 cases were notified. There were very many more cases unnotified. An increase in the number of crippled children was the result, apart from the number of deaths. In the years 1919 and 1921 there were 24 cases notified. The case mortality is 20.2 per cent. of notified cases.

	Cornwall.				England and Wales.	
	Cases notified.	Notification rate.	Deaths.	Death rate.	Cases notified	Notification rate.
1921 ...	24	0.07	4	0.013	488	0.01
1922 ...	3	0.009	1	0.003	355	0.01
1923 ...	0	0	0	0	587	0.02
1924 ...	2	0.006	2	0.006	777	0.02
1925 ...	1	0.003	1	0.003	—	—

Encephalitis Lethargica. 28 cases were notified in 19 districts. There were 5 cases in Falmouth, and in most of the other districts only one. There were 18 deaths. In England 5,039 cases were notified in 1924 and there were 1,407 deaths. This disease now sometimes assumes epidemic proportions. It first appeared in the records in 1918. The case mortality is 27.9 per cent. of notified cases. The mortality is widely spread over the greater part of life except old age. Young children and elderly adults suffered most in 1924.

The first outbreak in this country was in 1918, and the following table shows recorded cases. It must be noted, however, that all cases of Encephalitis Lethargica are not notified, and the case mortality merely gives the percentage of

deaths to notifications. Probably many mild cases are not recognised, and the case mortality is probably under 50 per cent. The disease has only been compulsorily notifiable from 1st January, 1919.

	Cornwall Cases	Cornwall Notification rate	England & Wales Notifications	England & Wales Notification rate	Cornwall Deaths	Cornwall Death rate	England & Wales Deaths	England & Wales Case mortality
1918 ...	—	—	168	—	—	—	37	22.0
1919 ...	6	0.018	541	—	—	—	294	54.3
1920 ...	6	0.018	890	—	4	0.01	480	53.9
1921 ...	3	0.009	1,470	0.019	2	0.006	729	49.6
1922 ...	7	0.02	454	0.009	4	0.01	339	74.7
1923 ...	9	0.03	1,025	0.026	10	0.03	531	51.8
1924 ...	18	0.06	5,039	0.127	10	0.03	1,407	27.9
1925 ...	28	0.08	—	—	18	0.05	—	—

Ophthalmia Neonatorum.

Puerperal Fever.

Diarrhœa (under 2 years).

See Maternity and Child Welfare Section.

Erysipelas. 57 cases were notified.

	Cornwall. Cases notified.	Cornwall. Notification rate.	England & Wales. Notification rate.	England & Wales. Death rate.
1921	65	0.2	0.35	0.019
1922	79	0.23	0.35	0.018
1923	50	0.15	0.32	0.016
1924	50	0.15	0.33	0.017
1925	57	0.18	0.33	—

The notifications have decreased in Cornwall from 227 in 1901, to less than 100 since 1918. The case mortality is about 5.2 per cent. of notified cases.

Measles. Measles is not now a notifiable disease. There were 5 deaths recorded as compared with 6 in the previous year.

	Cornwall. Deaths.	Cornwall. Death rate.	England & Wales. Death rate.
1921	18	0.057	0.06
1922	3	0.009	0.15
1923	26	0.82	0.14
1924	6	0.018	0.12
1925	5	0.016	0.13

The death rate from Measles has fallen 50 per cent. since the 19th century. Most of the deaths are among the poorer population of the large towns. The rate in Cornwall is nearly always much smaller than in England and Wales. The case mortality for Measles is variable but is usually 1 to 2 per cent, of cases, sometimes 5 per cent.

Influenza. 98 deaths were registered as due to Influenza. Last year there were 138 deaths. The last epidemic was in 1918 and 1919. The deaths in the former year were 591 and in the latter 242. The case mortality of Influenza is slight. Although there are many deaths in epidemic years the number of deaths is very small compared with the number affected.

	Cornwall.		England & Wales.
	Deaths.	Death rate.	Death rate.
1918	591	2.10	3.13
1919	242	0.79	1.22
1920	52	0.16	0.28
1921	32	0.10	0.24
1922	145	0.46	0.56
1923	74	0.23	0.22
1924	138	0.43	0.49
1925	98	0.31	0.32

Whooping Cough. There were 16 deaths. The death rate varies according as to whether it is an epidemic year or not. Like Measles, Whooping Cough tends to become specially frequent every few years when sufficient susceptible material has accumulated. Unlike most infectious diseases the mortality rate is greater among females than males. The case mortality of Whooping Cough is low in Cornwall. In large towns it is higher but seldom more than 5 per cent.

	Cornwall.		England & Wales.
	Deaths.	Death rate.	Death rate.
1898	—	0.49	0.31
1921	13	0.04	0.12
1922	43	0.13	0.16
1923	16	0.05	0.10
1924	25	0.06	0.10
1925	16	0.05	0.15

Acute Polio-Encephalitis. There were no notifications of this disease. It is doubtful whether this is really a separate disease. In England and Wales 83 cases were notified in 1924.

Cancer. 517 deaths were registered as due to Cancer and Malignant Disease. Of these deaths 3 occurred between the ages of 5 and 25, 29 between the ages of 25 and 45, and 485 over the age of 45 years. 198 of the deaths were in males and 319 in females. In England and Wales 50,389 deaths were ascribed to Cancer in 1924, the highest yet recorded. This increase is very largely due to improved diagnosis. Another feature of the Returns for 1924 for England and Wales is that the standardised rate for males is for the first time higher than that for females. The crude rate is still in considerable excess for females, but this is due to the greater age of the female population. It seems quite possible from the Reports of the Registrar-General that the increase in the mortality of females may be largely due to improved diagnosis, but unfortunately improved diagnosis will not altogether account for the greater increase in the registered deaths from Cancer, and there is a real increase in male mortality.

The following table taken from the tables prepared by the Registrar-General shows for England and Wales, and for different classes of its local areas distinguished by urbanisation, the standardised death rate from Malignant Disease for each sex :—

Standardised deaths from Cancer per 100,000 persons living :—

	1924					1911—14	1923	1924
	London	County Boroughs	Other Urban Districts	Rural Districts	All Urban Districts	England & Wales		
Males ...	119	108	98	82	106	90	97	100
Females	102	105	97	90	101	97	98	98
Persons	110	106	97	86	103	94	97	99

From the above Table it is seen that the mortality is lowest in Rural areas, if the diagnosis is as complete in the Rural as in the Urban areas.

The following Table compares the crude death rates in Cornwall and England and Wales :—

	Cornwall. Deaths.	Cornwall. Death rate.	England & Wales. Death rate.
1921	515	1.64	1.21
1922	494	1.58	1.23
1923	511	1.62	1.27
1924	503	1.58	1.29
1925	517	1.63	—

If both the above rates were standardised probably the rate for Cornwall would not be higher than that for England and Wales.

As regards treatment, the chief essential is that the treatment should be early. Removal of the growth, X-rays, and radium treatment are used. The future prospects may be considerably affected as a result of research work, and money available for "Cancer" is best spent on research work. Recent research work by Gye and Barnard suggest that the disease is due to minute microbes which can only grow is specially prepared soil, the result of irritation, etc. If confirmed by other workers this will serve as a starting point for the further investigation of the disease, and it is only by further investigations that means of prevention and cure may be found.

Infectious Diseases in General. Most infectious diseases are known to be due to microbes, although they have not been demonstrated in all such diseases either owing to their small size or to the impossibility of staining them so as to make them visible under the microscope. Certain diseases are practically always spread from person to person, either by means of the fine spray emitted while speaking and which may infect a person within a yard or so, or by means of actual contact with the infected person, or with discharges from the nose, throat, and eyes. In some diseases the throat and nose seem to be the usual source of infection from one person to another, as in Diphtheria, Scarlet Fever, Measles, Whooping Cough, Influenza, Cerebro-Spinal Fever, Encephalitis Lethargica, Poliomyelitis. Tuberculosis is spread in the same way when the sputum contains Tubercle Bacilli, also by the infected dust

in a room when insufficient care is taken, and also by infected milk. Small-pox seems to be chiefly conveyed by actual contact with an infected person, although possibly this may also be infectious by means of the breath in the early stages.

Among school children the greater facilities for travelling makes it impossible to prevent the ordinary school diseases from spreading from one place to another; mild cases are not recognised and infect others. Certain diseases are frequently conveyed by carriers of the disease, although they may not have had the disease, while other carriers have had the disease but continue to harbour the germs in their throats, etc. Diseases often spread by healthy carriers are Cerebro-Spinal Fever, Poliomyelitis (probably), Encephalitis Lethargica, Diphtheria (sometimes). Diseases spread by carriers who have had the disease are Diphtheria, Enteric Fever, Scarlet Fever, in addition to the diseases mentioned above as often conveyed by healthy carriers.

Enteric fever is sometimes spread by carriers whose urine and stools may remain infectious for years. If such people are cooks or handle milk and other food there is a risk of infection to others. In Cornwall Enteric Fever may be caused by a person suffering from the disease or by a carrier infecting the water wells. Another possible source of infection is shell fish.

The influence of Isolation Hospitals in preventing the spread of infection is very slight in Cornwall, and it would be interesting to compare the results in similar areas well provided with Isolation Hospitals. Probably the effect of Isolation Hospitals has been exaggerated, although there can be no question as to their convenience in many cases. Such diseases as Measles, Whooping Cough, and Chicken Pox seem to recur every few years and stop when most of the susceptible children have been infected. Scarlet Fever has become a very mild disease, and it is not spread so easily as formerly. Diphtheria, still a very serious disease, continues to spread readily when introduced into an area where there is much susceptible material. The fall in the incidence of the disease can only be

attributed to the fact that rural areas now tend to become immunised like urban areas.

As regards prevention, no one need suffer from Small-pox, and in the same way it seems probable that Scarlet Fever and Diphtheria will eventually become optional diseases, seeing that it is possible to ascertain whether persons are susceptible to these diseases, and if they are to render them immune by suitable injections. At present very much of this treatment can only safely be carried out by persons specially skilled in it, the treatment is still somewhat in the experimental stage. Enteric Fever has been almost eliminated by improved sanitary conditions, but in war when suitable sanitary arrangements are not possible it is possible to render soldiers practically immune to the disease by inoculations.

TUBERCULOSIS.

Staff. Administrative Tuberculosis Officer, the County Medical Officer of Health; Tuberculosis Officer, W. F. L. Day, M.B., B.Ch. (Camb.); Medical Superintendent of Tehidy Sanatorium, F. Chown. M.B. (Lond.), D.P.H.; Matron of Tehidy Sanatorium, Miss E. Bamford; Health Visitors, 9 whole-time Health Visitors give part-time to tuberculosis work, including work at the Tuberculosis Dispensaries and the following-up to their homes of cases seen by the Tuberculosis Officer. For further details of Health Visitors' work see separate section.

Scheme of Work. Tuberculosis is a notifiable disease, and medical practitioners are required to notify to the District Medical Officer of Health particulars of any cases of Tuberculosis seen by them. The District Medical Officers send these particulars to the County Medical Officer of Health weekly. In previous years it has been the custom for the Tuberculosis Officer to offer to see all cases notified with the medical practitioners who notified them, either at one of the Dispensaries or in the doctor's surgery or the patient's home. No doubt some cases were missed in this way owing to difficulty of getting replies. On the suggestion of the Ministry of Health the Tuberculosis Officer is now informing a practitioner notifying a

case that he will get into communication with the patient and offer any facilities for examination or treatment provided by the Council, unless the medical practitioner definitely replies that this course is unnecessary or undesirable.

As regards insured persons it is the duty of panel doctors to send full particulars of panel patients suffering or suspected to be suffering from Tuberculosis to the Tuberculosis Officer, who is thus made responsible for making any necessary examinations and for advising the form of treatment necessary. If a suitable case for sanatorium treatment, the patient is recommended to go to Tehidy; if not, the case is referred to the panel doctor for domiciliary treatment. On discharge from Tehidy insured persons are usually referred to their panel doctors for domiciliary treatment. In all cases reports are sent quarterly to the Tuberculosis Officer by the panel doctor so that cases may be re-examined when necessary and the form of treatment changed if desirable.

Dispensaries. It has been stated above that patients may be seen at the Dispensary or elsewhere. If at all possible, it saves the time of the Tuberculosis Officer to see as many cases as possible at the Dispensaries. There are four Dispensaries, two of them, Penzance and Truro, held at the local hospitals, and two, St. Austell and Tuckingmill, for lack of other accommodation, held in houses leased for that purpose. When this dispensary system first started it was expected that the Dispensaries would be used, not only for the examination of cases, but for the actual treatment of patients by tuberculin injections. This particular form of treatment did not fulfil expectations and very little treatment is undertaken at Dispensaries. The chief use of Dispensaries now is as convenient centres where cases suffering or suspected to be suffering from Tuberculosis can be collected together for skilled examination and advice by the Tuberculosis Officer. Where a sufficient number of patients can be seen at a Dispensary there is a saving of the time of the Tuberculosis Officer, and this affects the size of the staff required. No useful purpose is served by opening Dispensaries in rural areas where only a few patients can

attend, as it is possible for the Tuberculosis Officer to visit such cases in their homes or at their doctors' surgeries with a less expenditure of time.

Treatment. Whether examined at Dispensaries or elsewhere the result of the examination and the treatment suggested are reported to the usual medical attendant. It is only rarely that some special form of treatment is possible at the Dispensary, and further treatment is undertaken either at Tehidy or by the patient's medical attendant. It is very desirable that all possible treatment should remain in the hands of the usual medical attendant, and treatment at the Dispensary or Sanatorium be confined to treatment not possible elsewhere. When patients are examined the question of sending a Health Visitor to the home is considered, and directions given to her for any work likely to be useful. As far as possible all contacts of definite cases are invited to be examined with the view of finding early cases, and possibly the original source of infection. Medical practitioners are invited to obtain the opinion of the Tuberculosis Officer in all doubtful cases, and in the same way the School Medical Officers refer doubtful cases for observation by the Tuberculosis Officer.

Notifications. 356 primary notifications of Pulmonary Tuberculosis were received, and 101 notifications of other forms of Tuberculosis, making a total of 457. Last year the notifications were 282 Pulmonary and 73 other forms of Tuberculosis, making a total of 355. The increased number of notifications this year is due to more cases being notified by our Tuberculosis Officer. In former years our Tuberculosis Officers, after seeing cases with medical practitioners, have left the notifications to the usual medical attendants, with the result that some cases were not notified. Now if the usual notification is not received within a certain time the primary notification is made out by our Tuberculosis Officer.

The notifications are not complete as some cases seen by medical practitioners are not notified. The death rate is a more reliable index of the disease.

The following are the notifications received during the last five years :—

	Pulmonary.	Other forms.	All forms.
1921	440	76	516
1922	269	44	313
1923	286	69	355
1924	282	73	355
1925	356	101	457

Comparison of rates with those for England and Wales :—

	Cornwall.			England and Wales.		
	Pulmonary.	Other forms.	All forms.	Pulmonary.	Other forms.	All forms.
1921	1.40	0.24	1.64	1.57	0.42	1.99
1922	0.86	0.14	1.0	1.47	0.43	1.9
1923	0.91	0.22	1.13	1.49	0.48	1.97
1924	0.88	0.23	1.11	1.47	0.48	1.95
1925	1.12	0.32	1.44	—	—	—

Deaths from Tuberculosis. 295 deaths were registered from Pulmonary Tuberculosis, and 61 from other forms of Tuberculosis, a total of 356.

	Urban.		Rural.		
	M.	F.	M.	F.	Total.
Pulmonary Tuberculosis ...	90	61	78	66	295
Other forms of Tuberculosis ...	10	13	16	22	61
Totals	100	74	94	88	356

The ages of death are shown in Table IV, most of them during the normal working age of 15-65 years.

The death rate from Tuberculosis has been steadily falling for many years, with the exception of the war years, when there was an increase. In England and Wales the rate for 1838-42 was for all forms of Tuberculosis 4.42 per 1,000 persons living, while that for Pulmonary Tuberculosis alone was 3.78, and that for other forms of Tuberculosis 0.64. In 1924 the corresponding rates were, for all forms 1.06, Pulmonary Tuberculosis 0.84, and for other forms of Tuberculosis 0.22. The figures for Cornwall are not available for such long periods, but the following Table includes figures for 1901. Although the rate for England and Wales, which increased during the war, has now fallen to the lowest yet recorded, the

mortality rate of males between the ages of 20 and 25, and for females between the ages of 15 and 25 are still higher than they were immediately before the war.

	Cornwall.			England and Wales.		
	Pulmonary.	Other forms.	All forms.	Pulmonary.	Other forms.	All forms.
1901	1.49	0.30	1.79	1.26	0.55	1.81
1921	0.92	0.36	1.28	0.88	0.25	1.13
1922	0.99	0.26	1.25	0.89	0.23	1.12
1923	0.93	0.22	1.15	0.84	0.22	1.06
1924	1.01	0.20	1.21	0.84	0.22	1.06
1925	0.93	0.19	1.12	—	—	—

The following Table shows the distribution of the mortality by class of area and sex in England and Wales in 1924:—

Standardised mortality per 100,000 persons living:—

	England and Wales.	London.	County Boroughs.	Other Urban Districts.	Rural Districts.	All Urban Districts.
Male ...	91	113	110	80	67	97
Female ...	71	71	79	66	68	72
Persons ...	81	91	94	72	67	84

The death rate of Cornwall is increased by the deaths of males suffering from Miners Phthisis, i.e., Silicosis, to which is added Tuberculosis. The disease is contracted while working in South Africa chiefly, and the men come home to die, and unless great care is taken to spread infection to others. The inhalation of certain stone dust renders the lungs particularly susceptible to Tuberculosis. Apart from such predisposing causes, Tuberculosis is largely a disease of poverty and unsatisfactory surroundings in cold and damp climate such as the British Isles. Given exposure to infection, the most important cause is insufficient food. The improvement of the conditions of the working classes is largely responsible for the fall in the death rate from Tuberculosis, as better wages mean more and better food both for children and adults. The next important cause is overcrowding and general insanitary conditions. Given the exposure to infection, overcrowding leads to greater risk of infection from one person to another. That this cause is not so important as that of food is suggested by the fact that the poor Jews in large towns, often living under far more overcrowded conditions than the Gentiles, suffer less from Pul-

monary Tuberculosis, and the explanation is probably due to the Jewish custom of cooking much of their food in oil or fat. Racial causes may possibly have something to do with the comparative immunity of Jews to Pulmonary Tuberculosis, but usually races coming from warmer climates are more and not less susceptible to Tuberculosis when they come to a cold and damp climate.

Number of patients examined by the Tuberculosis Officer in 1925 :—

	Patients examined at Dispensaries						
	Tuckingmill	Truro	Penzance	St. Austell	Total	Patients examined at home, etc.	Total
New cases	120	79	81	76	356	279	635
Re-examination of cases previously examined ...	168	207	177	144	696	185	881
Total examinations ...	288	286	258	220	1052	464	1516
Individual patients examined	165	133	145	118	561	369	930

Comparison with previous years :—

	1923.	1924.	1925.
New cases	586	593	635
Re-examinations, etc. ...	1,184	1,022	881
Total	1,770	1,615	1,516
Contacts examined ...	100	108	127

The number of new cases seen is increasing, but some of these cases are sent for an opinion as to the possibility of Tuberculosis. The Tuberculosis Staff is just sufficient for the present work, and if the work increased or if new Dispensaries are opened it would be necessary to increase the staff. Temporary Medical Officers have to be appointed for the holidays of the Tuberculosis Officer and the Medical Superintendent at Tehidy.

The previous Table shows the number of new cases and the number of examinations. The following Table shows the number of individual cases examined, either new cases or cases seen in previous years, but no case being counted more than once :—

Individual cases seen at	1925. Sent by medical practitioners	Sent by Ministry of Pensions	Sent from other sources	Total	1924 Individual patients examined
Tuckingmill Dispensary ...	116	12	37	165	181
Truro Dispensary	57	23	53	133	129
Penzance Dispensary ...	115	18	12	145	162
St. Austell Dispensary ...	57	28	33	118	107
Totals for Dispensaries ...	345	81	135	561	579
Examined in their homes or elsewhere	236	16	117	369	333
Grand Totals	581	97	252	930	912

Contacts. As far as possible arrangements are made for the examination of contacts of definite cases of Pulmonary Tuberculosis. During the year 133 contacts were examined. In 1924 there were 108 contacts examined. Of these contacts 98 were children, i.e., under 15 years of age, and 91 were found to be non-tuberculous. Of the 35 adults, 23 were found to be non-tuberculous.

Children. 203 children were examined, i.e., under the age of 15 years. In 1924 there were 154 children examined.

Visits of Health Visitors. About 2,500 visits were made to the homes of patients in connection with Dispensary work.

Insured Persons. 702 insured persons were receiving domiciliary treatment on 31st December, 1925.

Consultations with Medical Practitioners. 94 at the homes of patients, and 35 elsewhere, a total of 129.

Examination of Specimens of Sputum. 233.

X-Ray Examinations. 33 cases were referred from the Dispensaries, etc., to Tehidy for X-ray examination.

Tehidy Sanatorium. There are now 70 beds for males and females. There is no separate accommodation for children, but they are admitted to the present wards. It was originally intended to have accommodation for about 150 patients, so

that not only patients likely to benefit would be admitted, but also patients suffering from advanced disease, whose home conditions were such that removal to an Institution was necessary in the interests of the other inmates of the home, specially the children. On the grounds of economy no provision for advanced cases has been made, and it is unfortunately necessary to leave some advanced cases in quite unsuitable homes. With the present small accommodation preference must be given to cases whose treatment at Tehidy is likely to be the most useful. It is of course absurd to suggest, as some people still do, that because all cases admitted to Tehidy are not cured or benefited that their admission was unnecessary. Many cases are admitted not so much with the object of curing them as with the object of rendering them less dangerous to others in their homes. A short residential treatment is desirable to train incurable patients. Then again other types of patients are admitted with the hope that some benefit to them will result. It is sometimes quite impossible to feel sure that a particular case is quite hopeless, and cases that do not look very promising may be restored to fair working capacity. Still, if early cases are on the waiting list they must be given preference, and this may result in less promising cases failing to obtain admission. Some cases of non-pulmonary tuberculosis are admitted and show good results.

The Institution possesses an X-ray apparatus, and apparatus for artificial light treatment, both presented by the Cornwall War Memorial Committee. The old female wards are being replaced by a new pavilion, etc., presented by the Cornwall War Memorial Committee. The old accommodation for women was not very suitable.

The following table gives the results on the discharge of patients from Tehidy :—

158 patients were discharged or died during the year. Omitting those found not to be suffering from Tuberculosis and those only in for a very short time, the following 141 patients can be classified :—

Pulmonary.

	Number discharged.	Condition. on discharge.
"A" Early cases	24	Quiescent 20, = 83.3%
		Improved 4, = 16.7%
"B" Advanced cases	35	Improved 9, = 25.7%
		No material improvement 21, = 60.0%
		Died 5, = 14.3%
"C" Medium cases	56	Quiescent 23, = 41.1%
		Improved 30, = 53.6%
		No material improvement 3, = 5.3%

Non-Pulmonary.

	26	Quiescent 15, = 57.7%
		Improved 8, = 30.8%
		No material improvement 3, = 11.5%

The non-pulmonary cases were :—

Knee	8	Quiescent 7.
		Improved 1.
Hip	8	Quiescent 4.
		Improved 3.
		No material improvement 1.
Spine	4	Quiescent 1.
		Improved 2.
		No material improvement 1.
Glands	2	Improved 2.
Elbow	1	Quiescent 1.
Bone	1	Quiescent 1.
Foot	1	Quiescent 1.
Sacro-iliac	1	No material improvement 1.

The results are better than last year, showing that the general type of case admitted is more promising for treatment. Adding the Pulmonary and non-Pulmonary cases together the following shows the result for the last four years :—

	1922.	1923.	1924.	1925.
Quiescent	17.7	38.8	28.6	41.1
Improved	43.8	28.2	38.9	36.2
No material improvement...	35.4	29.1	27.8	19.2
Died	3.1	3.9	4.7	3.5

Too much importance must not be attached to these figures, but they show the percentage of cases admitted where good results are possible. Failing early cases, of course, less promising cases are admitted, although the results on paper cannot be so good.

In 1924 the same number of early Pulmonary cases were discharged, namely 24, and there were 40 each of medium and advanced cases. There were 22 non-Pulmonary cases.

Admissions and Discharges from Tehidy. There are 70 beds.

	1925. M.	1925. F.	1924. M.	1924. F.
Admitted during the year:				
Adults	75	61	77	68
Children	12	10		
Discharged during the year:				
Adults	76	53	78	69
Children	9	13		

The following particulars of the X-ray work and Artificial Light Treatment at Tehidy Sanatorium are supplied by Dr. Chown :—

X-Ray Work, 1925. Number of out-patients examined, 36. These include 10 men examined for the Miners' Phthisis Bureau of South Africa.

All in-patients are now radiographed, and a permanent record thus made of each patient. In this way records of 160 patients were taken in 1925, besides screen examinations. In the case of tuberculous bones and joints, the progress of the case cannot be satisfactorily ascertained without periodical X-ray examination. In Pulmonary cases an X-ray film will often furnish more accurate information of the extent of the disease than a clinical examination. Where the diagnosis is doubtful, as in observation cases, an X-ray examination will sometimes clear up the difficulty.

Artificial Light Treatment. Installation, Long flame Carbon Arc Lamp for general light baths, and Tungsten Arc Lamp for local treatment.

Besides the treatment of in-patients, 14 out-patients were given 421 sittings. These patients were suffering from lupus, tuberculous glands of neck, and tuberculous bone and joint disease. Useful results were obtained.

VENEREAL DISEASES.

The following facilities for examination and treatment are provided by the Council :—

Treatment Centres. Free advice and treatment is given to all comers at the Tuckingmill Treatment Centre, and at the South Devon and East Cornwall Hospital, Plymouth. In cases of real necessity, when otherwise efficient treatment would not be obtained, the travelling expenses of patients may be paid to the nearest treatment centre.

Facilities for Medical Practitioners. All medical practitioners in the County may send specimens for examination, at the expense of the Council, to the Pathological department of the South Devon and East Cornwall Hospital. The Council provide the necessary outfits and postage. To practitioners who are able to provide evidence that they are familiar with the use of such drugs, the Council supply free Arsenobenzol drugs.

Venereal Disease in the County. Before the war the County seemed to be relatively free from Venereal Disease. Certainly many practitioners in the County saw little or no Venereal Disease. Certainly there could not have been many cases of Syphilis, but so many patients suffering from Gonorrhœa do not seek medical treatment that it is always uncertain as to the prevalence of this disease. Since the opening of the Venereal Treatment Centres in May, 1919, the year in which most new cases attended was 1920.

In England and Wales the mortality from Syphilis has fallen from 174 per million persons in 1917 to 118 per million in 1924. This fall has taken place during the years in which public measures have been taken for the treatment of Venereal disease. The war was responsible for a considerable increase in Venereal diseases and cases were then introduced into many rural districts previously free.

There is evidence that the policy of the Council in arranging for the affixing of notices in public urinals is of considerable value in persuading patients to obtain treatment. The results

of the treatment are far in excess of the money expended. Quite apart from the fact that early and efficient treatment of Venereal diseases renders the persons affected less likely to spread the disease to others, there is a very considerable saving in public expenditure at a later period, such as expenditure for maintenance of blind persons, expenditure for the maintenance of paupers in Poor Law Institutions, and of mentally affected persons in asylums. A blind child or an insane person due to syphilis may easily cause the Council to expend £1,000 or more.

The following Table shows the work done at the Treatment Centres :—

VENEREAL DISEASES.

Treatment Centres: (1) Tuckingmill, (2) South Devon and East Cornwall Hospital, Plymouth. All Treatment Centres in the Country are open to all comers.

Summary of Work done:—

	Treatment Centre at the South Devon and East Cornwall Hospital, Plymouth. Patients from Cornwall only.				Treatment Centre at Tuckingmill.			
	1920	1923	1924	1925	1920	1923	1924	1925
No. of persons dealt with at the out patient Dept. for the first time and found to be suffering from:—								
Syphilis	55	21	14	18	54	28	26	27
Soft Chancre	—	—	1	—	—	1	3	1
Gonorrhœa	20	15	9	23	37	25	31	33
Conditions other than Venereal	18	35	25	30	3	10	13	11
Total	93	71	49	71	94	64	73	72
Total No. of attendances at the out-patient dept.	808	728	347	528	554	432	446	542
Aggregate No. of in-patient days	1059	513	324	635	—	2	—	—
No. of doses of Arsenobenzol Compounds given in the								
Out-patient Dept.	234	104	57	118	302	158	172	207
In-patient ,,	71	22	29	27	—	—	—	—
Examination of pathological material at the Treatment Centre or sent to an approved laboratory for the detection of								
Spirochetes	1	3	3	6	1	—	—	—
Gonococci	32	39	24	35	30	22	23	24
Other Organisms	—	—	—	1	—	—	—	—
For Wassermann reaction	117	103	64	81	89	51	51	53

Summary for Cornish Patients.

	1920.	1923.	1924.	1925.
New Cases	187	135	122	143
Total attendances at Clinics ...	1362	1160	793	1070
Specimens examined from Clinics	270	218	165	200

Examination of Specimens sent by Medical Practitioners in the County.

	1920.	1923.	1924.	1925.
No. of Medical practitioners who applied for outfits	24	16	20	19
Outfits supplied	175	80	106	117
Specimens examined for:				
Spirochetes	7	—	—	1
Gonococci	28	5	13	10
other organisms	—	—	—	—
Wassermann Reaction	114	73	89	112

Free Supply of Arsenobenzol.

	1920.	1923.	1924.	1925.
No. of medical men who applied for a free supply	13	9	14	13
Doses of Arsenobenzol supplied	387	109	269	336

The following Table shows the number of new cases actually found to be suffering from Venereal Disease 1919-25 :—

1919.	1920.	1921.	1922.	1923.	1924.	1925.
104	166	110	75	90	83	102
(9 months)						

The increase in the latter years may be due to the increased knowledge of the facilities provided by the Council. There is of course no record of the number of patients seeking treatment privately from medical practitioners, although the supply of Arsenobenzol drugs to medical practitioners may be some indication of the number of patients seeking treatment for Syphilis only.

Prevention of Venereal Diseases is more important than treatment. The question is receiving more attention, but it is a delicate one, and is influenced by economic, social and religious considerations.

MATERNITY AND CHILD WELFARE.

For Maternity and Child Welfare work the County Council is the Authority except that in the Boroughs of Penzance, Falmouth, and Launceston, certain services, such as Health Visiting, are provided under separate schemes. Except from the above three Boroughs the notifications of birth are sent to the County Council, who arrange for a Health Visitor to visit the homes, and, where necessary, keep the infants under observation until school age.

In a rural area such as Cornwall the work of the Health Visitors in visiting the homes is a most important work, as no possible number of Centres would do more than deal with a negligible percentage of mothers and babies. The County do not provide any Maternity Centres. The following Centres are managed by voluntary agencies, chiefly the District Nursing Associations :—

St.Austell.	Liskeard.
Bodmin	Madron and Heamoor.
St. Blazey and Par	Morval.
Camborne.	Penryn.
Falmouth.	Penzance.
Gwennap and St. Day.	Redruth.
St. Ives.	Truro.
Launceston.	Wadebridge.

The quality of these Centres is naturally variable, but they are useful in supplementing the work of the Health Visitors to the homes. One difficulty with Centres is that it is difficult to get the type of mothers, who would most benefit by attendance, to take advantage of them. The type attending is usually in much better circumstances than the very poor, who do not care to attend, fearing that perhaps their poverty would be somewhat conspicuous by comparison.

In addition to the visits to babies the County Nursing Association are encouraging their nurses to do as much antenatal work as possible. As many maternity cases are booked by the District Nurses, considerable work can be done in this way.

Infant Mortality. There were 4,950 births registered in the County, and there were 274 deaths of infants under one year of age, a rate of 55.35 per 1,000 births, the lowest yet recorded except for the year 1923, when it was 55.32. The rate in the Urban districts was 53.59, and in the Rural districts 56.74. During this century a great fall in the Infant Mortality rate has taken place in this country, due partly to a lower birth rate and partly to the greater attention paid to the care of mothers and infants, the generally improved condition of the working classes, and perhaps very largely to the greater care taken with the milk used for feeding infants. One important cause of infant mortality in hot summers has been infantile diarrhœa, and probably milk was the chief medium for conveying the infection. Improved attention to general sanitation must also receive some credit for the improvement.

Infant mortality rates per 1,000 births; comparison with previous years :—

	Cornwall.	England and Wales.
1898	156.24	160
1920	59.50	80
1921	72.97	83
1922	68.20	77
1923	55.32	69
1924	61.74	75
1925	55.35	75

The 75 per 1,000 births is the lowest recorded for England and Wales with the exception of the year 1923, when it was 69. In New Zealand in 1923 the remarkably low rate of 43.8 was recorded. In spite of the considerable reduction of the mortality under one year of age, most of the reduction has been made in the last 11 months and very little in the first month, largely owing to the number of deaths from congenital defects. Infant mortality is usually higher in larger urban areas, and larger in the North of England than the South.

Distribution of Infant Mortality 1924 in England and Wales :—

	North.	Midlands.	South.	Wales.	England & Wales.
London	—	—	69	—	—
County Boroughs ...	99	78	65	79	88
Other Urban Districts	85	64	56	76	71
Rural Districts ...	78	57	51	76	63
All areas	91	67	62	77	75

Usually the mortality rate for the Rural Districts in Cornwall is less than that for the Urban Districts, but this year that for the Urban Districts is less than that for the Rural Districts. Table IV shows that 86 deaths in the Rural areas were due to congenital defects and only 56 in the Urban areas, and no doubt this accounts for the difference.

The chief causes of infant mortality in Cornwall were :—

	1925.	1924.	1923.	1922.	1921.
Congenital defects ...	142	158	168	219	236
Respiratory diseases ...	44	57	40	62	64
Diarrhœa	25	17	17	19	50
Whooping Cough ...	9	13	11	18	8
Influenza	1	9	4	3	1
Measles	0	2	5	1	8
Tuberculosis	2	1	5	4	12

Deaths of Infants between one and five years of age. There were 97 deaths between the ages of one and five years. The chief causes of death were :—

	1925.	1924.	1923.	1922.	1921.
Respiratory diseases ...	28	41	23	47	44
Tuberculosis	8	10	10	8	19
Whooping Cough	7	11	5	23	5
Diarrhœa	6	6	9	9	8
Diphtheria	3	2	1	3	9
Measles	3	2	19	1	9
Influenza	2	5	4	12	1

At the ages 1-5 years the effect of environment is greatest. The reduction in the mortality deaths for these ages is greater than the infant mortality 0-1 years, although the latter has attracted more attention. The death rate in England and Wales for these four years is now only two-thirds of that for the years 1911-14. The Registrar-General suggests that this improvement is largely due to the result of the falling birth rate. With smaller families greater attention can be paid to the children and more food, etc., is available. As in the case of the infant mortality, the mortality for the ages 1-5 is highest in the North of England and decreases to the South.

Diarrhœa and Enteritis under two years of age. There were 29 deaths from this cause, 10 in Urban and 19 in Rural

areas. This was at one time an important cause of death in hot summers. The last hot summer in Cornwall was in 1911, in which there was a very high mortality from this disease. Since that date much Maternity and Child Welfare work has been undertaken, and it is hoped that such a high mortality will not recur even in hot summers.

Rate per 1,000 births :—

	Cornwall.	England and Wales.
1911	49.45	44.03
1920	4.01	8.89
1921	9.25	16.06
1922	4.27	6.58
1923	4.21	8.12
1924	3.85	7.58
1925	5.85	8.4

Although the rate for Cornwall is higher than usual there was no special epidemic, 4 being registered in only one district, and 3 in two others.

Maternal Mortality. 9 deaths were registered as due to Puerperal Sepsis, 2 in Urban and 7 in Rural districts. There were also 25 other deaths due to other accidents and diseases of pregnancy and parturition, 10 in Urban and 15 in Rural areas. This makes a total of 34 deaths, a rate of 6.836 per 1,000 births. In the previous year there were 14 deaths, a rate of 2.7 per 1,000 births.

Although the death rate from Puerperal Sepsis is usually a low one in Cornwall, that from other accidents and diseases of pregnancy and parturition is usually high, higher than that for England and Wales.

	Cornwall.			England and Wales.		
	Sepsis.	Other accidents and diseases of pregnancy and parturition.	Total.	Sepsis.	Other accidents and diseases of pregnancy and parturition.	Total.
1919-22 ...	0.76	3.26	4.02	1.57	2.54	4.11
1923 ...	1.10	3.66	4.76	1.38	2.43	3.81
1924 ...	0.58	2.12	2.70	1.48	2.42	3.90
1925 ...	1.82	5.05	6.87	—	—	—

The rate for Cornwall is very high, the highest of which the records are available (from 1911). This is disappointing after the very small rate in the previous year. Of the 9 deaths from Sepsis only one was in the practice of a midwife acting as a midwife. Four were in the practice of midwives acting as maternity nurses, i.e., in doctors' cases. There is no information as to the other four deaths.

Of the 25 deaths from other accidents and diseases of pregnancy and parturition, 6 were in the practice of midwives acting as midwives, and 7 in the practice of midwives acting as maternity nurses. Further particulars of these cases are given in the report of the Inspector of Midwives. As regards the other 12 deaths no information is available.

When dealing with such small numbers the rate may be rather variable for any particular year, and it is necessary to consider the result for a series of years. The rate for 1924 was unusually low and that for 1925 is unusually high. But the average rate for Cornwall for a long period is comparatively low for deaths from Sepsis, and fairly high for deaths from other accidents and diseases of pregnancy and parturition. It is usually found that in large towns the rate for deaths from Sepsis is higher than in rural areas, while the rate for deaths from other accidents and diseases of pregnancy and parturition is less than rural areas. The explanation probably is that in large towns there is more interference with the course of normal labours by the use of forceps, etc., with resulting Sepsis in more cases, while in rural areas, perhaps a long distance from a doctor and a very long distance from the nearest hospital, serious cases of emergency cannot receive such prompt and effective treatment as in large towns.

The County Council is responsible for the supervision of Midwives and the institutional treatment necessary. If antenatal examination of a patient shows that hospital treatment is necessary, a certain amount of responsibility is placed on the Council in seeing that such a hospital is available. In the past this has been a very difficult problem as it is very undesirable to start separate small maternity hospitals. As far as possible

such maternity hospitals should be attached to existing hospitals. This is quite a different question from the establishment of maternity homes for normal cases. Until recently there were no maternity wards in Cornwall apart from private wards where full fees are charged. There are maternity wards in Plymouth to which some Cornish patients are admitted; apart from these there was no ward to which ante-natal cases could be sent, and cases of great emergency sent to the local hospitals were usually admitted to the general wards, a very unsatisfactory proceeding. To meet this difficulty an agreement has been made with the West Cornwall Miners' and Women's Hospital, Redruth, under which the Hospital Committee have provided and furnished a maternity ward of five beds, an impending ward with two beds, a labour ward with one bed, and an infectious disease ward with one bed (only for cases which have become infectious after admission), together with the necessary ward kitchen, lavatory, bathroom, etc., for the use of the Council, who undertake the cost of maintenance of patients. It is now possible for medical practitioners and midwives to send ante-natal cases to this maternity ward when confinement at home is likely to be dangerous, and also to send cases of emergency arising during confinement. After the admission of patients to the ward they are under the control of the medical staff of the hospital, who act in an honorary capacity for this purpose. A few normal cases may be admitted where confinement at home is quite unsuitable, but they can only be admitted if beds are not likely to be required for abnormal cases. The ward was opened on March 8th, 1926, and for the period ending June 30th, 1926, 9 patients were admitted.

The maternal mortality is taken as an index of the damage suffered by women in childbirth; a far larger number live permanently damaged by the accidents, etc., of childbirth. Too often such women suffer from life-long ill-health.

Puerperal Fever is a notifiable disease. 8 cases were notified. As there were 9 deaths this means that many cases are not notified, as the average fatality is only about 50 per cent. of the cases notified in England and Wales. In London

the fatality is only about 350 per 1,000 notified cases. This incompleteness of notification is most marked in rural areas and also in the South of England and Wales. To remedy this new regulations of the Minister of Health will come into operation in October, 1926.

	Cornwall.		England and Wales.	
	Cases notified.	Rate per 1,000 births.	Rate per 1,000 births.	Cases notified.
1923 ...	5	0.9	2.9	2,191
1924 ...	6	1.1	3.0	2,183
1925 ...	8	1.6	3.37	2,395

As it is impossible for District Nurses to nurse cases of Puerperal Fever as well as other maternity cases, the Council provide the services of Emergency Nurses to take over such cases. 12 cases were thus nursed, 9 made a good recovery, and 3 died.

Ophthalmia Neonatorum. 17 cases were notified.

	Cornwall.		England and Wales.
	Cases notified.	Rate per 1,000 births.	Rate per 1,000 births
1914	10	1.5	7.01
1919	28	5.76	12.49
1921	20	3.2	10.7
1922	15	2.6	9.11
1923	17	3.11	9.1
1924	12	2.31	8.6
1925	17	3.43	8.1

Ophthalmia Neonatorum is not so common in Cornwall as in large towns. It is a notifiable disease, but the notifications are sent to the District Medical Officers of Health and not to the County Council. To remedy this new regulations of the Minister of Health will come into operation in October, 1926. If these cases are neglected there is a much greater chance of blindness being caused, and the services of an emergency nurse are available for nursing such cases. 11 cases were thus nursed, 10 made a good recovery and the other was admitted to hospital after some delay, as the home conditions were impossible for efficient treatment; in this case the child's sight is considerably impaired and the result is doubtful as to whether the child will be blind. Arrangements have now been made to

treat cases at the Tuckingmill Dispensary, if it is found that no other satisfactory arrangements can be made for treatment. Usually with the help of an emergency nurse it is possible to arrange for the treatment at home.

Stillbirths. 183 stillbirths were notified on the birthcards. This gives a rate of 4 per 100 registered live births. Returns from Penzance, Falmouth, and Launceston, are not included. In 1924 there were 191 stillbirths. In England and Wales the rate is about 3.57 per 100 registered live births. 46 of the stillbirths occurred in the practice of midwives acting as midwives, and 106 in the practice of midwives acting as maternity nurses with a doctor in charge.

Supply of Milk for Necessitous Mothers and Infants. 20 families were receiving milk on December 31st, 1925, as compared with 25 in 1924, 80 in 1923, and 120 in 1922. Families in receipt of Unemployment Pay are outside our scale, and most of the cases are now labourers with large families, or families receiving assistance from the Guardians, but where the income is still below our very low scale.

Births attended by Midwives: (1) as Midwives; (2) as Maternity Nurses. The District Nurses are Midwives and they may be engaged to attend cases of childbirth as midwives on their own responsibility, calling in a doctor in a case of emergency, or they may be engaged only as a maternity nurse, a doctor being sent for at the beginning of labour even if it is quite normal. The following Table shows the general tendency for the district nurses to attend more of the labours; in 1914 they attended 43.1 per cent. and in 1925 73 per cent. of the labours. The remaining cases were attended by doctors with or without women who were not registered midwives.

Of the 4,950 births in the County, 3,617 were attended by registered midwives, either as midwives or maternity nurses. 2,877 of these were attended by midwives working under the County Nursing Association, and 111 by midwives working under independent Associations. 560 were attended by private and 69 by bona-fide midwives.

	1914.	1923.	1924.	1925.
Number of births	6,433	5,459	5,199	4,950
Number attended by midwives as midwives	1,690	2,111	2,116	2,094
Percentage of births attended by midwives as midwives ...	26.2	38.7	40.7	42.3
Number of cases where medical help was called in by midwives	187	400	510	550
Percentage of midwives cases ...	11.0	18.9	24.1	26.0
Number of births attended by midwives acting as maternity nurses	1,089	1,568	1,485	1,523
Percentage of births attended by midwives acting as maternity nurses	16.9	28.7	28.7	30.7
Percentage of births attended by midwives as midwives or maternity nurses	43.1	67.4	69.6	73.0

Ante-natal Care. Midwives are encouraged to give more attention to ante-natal work than formerly. A healthy child may be damaged by the unsatisfactory health of the mother before the birth of the child. Apart from the question of the child, there is the effect of pregnancy and labour on the mother's health. It is better to prevent a difficult labour if possible, and by suitable ante-natal examination it is often possible to ascertain that there will be a difficult labour unless special precautions are taken. It is hoped that the maternity ward will be useful in providing special facilities for the treatment of cases where otherwise the labour is likely to be difficult.

Emergency Nurses. The Council have made arrangements with the County Nursing Association under which the Association appoint three Emergency Nurses who are available for special work required by the Council. When not thus employed by the Council the nurses are used by the County Nursing Association as District Nurses, and the fees thus earned diminish the cost to the Council. The chief work undertaken by the emergency nurses is the special nursing of cases of Ophthalmia Neonatorum and the nursing of midwifery cases with Puerperal Fever.

Midwives. The Council do not directly appoint or employ midwives as such, but they make grants to the County Nursing Association for the training of midwives, for the establishment of new District Nursing Associations, and for the maintenance of midwives by District Nursing Associations. Particulars of midwives are given in the Report of the Inspector of Midwives.

Supervising Authority for Midwives. The County Council is the authority for the County. The Council have appointed Miss Riden, the Superintendent of the County Nursing Association, to act as Inspector of Midwives, assisted by the two assistant Superintendents of the County Nursing Association. The Inspector's Annual Report is as follows.

REPORT OF INSPECTOR OF MIDWIVES FOR THE YEAR 1925.

The number of Midwives who notified their intention to practise during the year 1925 was 208. Of the 208 notifications received 19 were from Midwives to fill vacancies of those resigned, 3 were to start new District Nursing Associations in the County under the C.C.N.A., and 10 notifications were from extra Midwives to do relief or holiday duty. This leaves a total of 179 working Midwives. They are classified thus :—

I.	Trained Midwives working under Associations	135
	(a) Under C.C.N.A., 128.	
	(b) Under independent Associations, 7.	
II.	Trained Midwives working on own account 31	
	Trained Midwives who notified to practise in emergency 3	
	—	34
III.	Bona-fide Midwives	10
		179

The trained Midwives are of 4 classes, i.e. :—

(a)	Midwifery only (six months' training) ...	10
(b)	Village Nurse-Midwives (one year's training in general and midwifery)	122
(c)	Hospital trained Nurses with 4 months' Midwifery	26
(d)	Queen's Nurses having three years' Hospital and six months' district and public health work, also four months' Midwifery	11
		169

The 18 Midwives resigned from work in Cornwall for the following reasons :—

Work in other counties	4
Marriage	7
Family reasons	4
Health reasons	1
To go abroad	1
For further training	1

One private Midwife, working on own account, died.

The following Table shows an increase of cases taken by trained Midwives acting as Nurses, but a slight decrease when acting as Midwife. The work of the bona-fide Midwives shows a marked decrease, both as Nurse and Midwife, particularly as midwife.

	1924.	1925.	Inc.	Dec.
Cases attended by trained Midwives	3,505	3,548	43	—
(a) as Midwife ...	2,066	2,063	—	3
(b) as Nurse ...	1,439	1,485	46	—
Cases attended by bona-fide Midwives	96	69	—	27
(a) as Midwife ...	50	31	—	19
(b) as Nurse ...	46	38	—	8

Table showing the number of cases attended by Midwives in the different groups :—

Cases attended by Midwives working under C.C.N.A.		2,877
(a) as Midwife	1,704	
(b) as Nurse	1,173	
Cases attended by Midwives working under independent Associations		111
(a) as Midwife	66	
(b) as Nurse	45	
Cases attended by private Midwives		560
(a) as Midwife	293	
(b) as Nurse	267	
Cases attended by bona-fide Midwives		69
(a) as Midwife	31	
(b) as Nurse	38	

During the year 729 visits were paid to Midwives, 653 routine inspections, 76 special visits, an average of four visits to each Midwife.

Summary of work done by all Midwives.

	Trained.	Bona-fide	Total.
Number of cases attended	3,548	69	3,617
(a) as Midwife	2,063	31	2,094
(b) as Nurse	1,485	38	1,523
Number of times Doctor sent for ...	549	1	550
(a) for mother	444	1	445
(b) for child	63	—	63
(c) during pregnancy	42	—	42
Number of stillbirths	148	4	152
(a) as Midwife	46	—	46
(b) as Nurse	102	4	106
Number of deaths, mother ...	17	1	18
(a) as midwife	7	—	7
(b) as Nurse	10	1	11
Number of deaths, child	77	1	78
(a) as Midwife	43	—	43
(b) as Nurse	34	1	35
Number of times last offices performed	185	1	186
Number of notifications of artificial feeding	74	—	74
Number of notifications of "Liability to be a source of infection" ...	52	—	52

The number of records received from Midwives for sending for medical help still shows an increase. This may be accounted for partly by Midwives booking cases obviously needing medical help, but too poor to book a doctor, and in some instances as many as three forms being sent in for one patient; one during pregnancy, one during labour, and one during the puerperium.

Of the 550 records received 42 were for medical help during pregnancy and 14 were for infants with discharge from eyes, 10 cases were notified as Ophthalmia Neonatorum, all cases were visited, and where necessary, arrangements made for carrying out treatment.

There is still an increase in the number of stillbirths attended, but less where the Midwife is acting as Midwife, and more when acting as Nurse. Of the 46 notified 18 were full term, and 28 were premature.

Maternal Deaths. The causes were as follows :—

As Midwife, 7—

1 adherent placenta and collapse.
1 A.P.H.
1 difficult manipulations, due to malformed child.
1 Embolism.
2 Pneumonia.
1 Puerperal sepsis.

In six of the above cases medical help was sent for at labour, and in one for high temperature on the fourth day of puerperium.

As Nurse, 11—

1 Scarlet fever during puerperium.
1 contracted pelvis.
1 Jaundice, etc.
1 Embolism.
3 P.P.H.
4 Puerperal sepsis.

Of the 52 notifications of "Liability to be a source of infection" :—

12 were for Ophthalmia Neonatorum :—

(a) as Midwife, 10.
(b) as Nurse, 2.

26 were for rise of temperature during puerperium :—

(a) as Midwife, 9.
(b) as Nurse, 17.
2 Puerperal sepsis.
1 Sapremia.
1 Thrombosis.
1 Phlegmasia alba dolens.

14 were for various general illnesses of an infectious nature.

Emergency Nurses. 11 cases of Ophthalmia were nursed, 10 made a good recovery, the other was admitted into hospital, as owing to the home conditions it was impossible to carry out efficient treatment; in this case the child's sight is impaired.

12 cases of Puerperal sepsis were nursed, 9 made a good recovery, and 3 died.

48 maternity cases were also nursed.

The Cornwall Midwives Association arranged a lecture each quarter during the year, and these were very well attended and much appreciated by the Midwives, some of whom came long distances to attend. Grateful thanks are due to the medical men who so kindly gave these lectures.

M. RIDEN,
Inspector of Midwives.

HEALTH VISITORS.

There are 9 whole-time Health Visitors, and 141 District Nurses give part-time to Maternity and Child Welfare work and to School work. Originally there were 4 Tuberculosis Nurses appointed by the old Tuberculosis Committee, giving their whole time to Tuberculosis and as far as possible covering the whole County. In practice about half the County was not covered. At a later date 3 Health Visitors were appointed by the old Sanitary Committee for Maternity and Child Welfare Work, and 3 Health Visitors were appointed by the County Nursing Association (under a grant from the Education Committee) for School work. In addition one Nurse-instructress was appointed by the Education Committee.

It is of course absurd for different committees and sub-committees to have separate Health Visitors covering the same ground for different sections of Public Health work, with an increased cost for travelling expenses and the possibility of more than one Health Visitor being in the same street or even the same house at the same time for different purposes. There are some advantages in separate Health Visitors, such as specialisation in work, but they are far outweighed by the disadvantages. To prevent overlapping, therefore, the School Nurses and the Maternity and Child Welfare Health Visitors have from the start had separate areas and undertaken both kinds of work. It was not possible to include the Tuberculosis

Health Visitors in this scheme until the Tuberculosis Committee became a sub-committee of the Health Committee. From that time the Health Visitors have been given separate areas and have undertaken all kinds of Public Health work. It was also possible to do the same work with a smaller number of Health Visitors and two vacancies have not been filled. Although these Health Visitors now undertake all kinds of work, it is necessary for grant purposes to allocate their salaries and expenses to particular sections, so the salaries and expenses of three Health Visitors are allocated to Maternity and Child Welfare, three to School work, and two to Tuberculosis. Half the time of the Nurse-instructress is given to the Education Committee and half to Tuberculosis and Venereal diseases work.

Owing to the difficulty of arranging for the School work on a fixed yearly grant, the Council will take over the maintenance and appointment of the three whole-time School Nurses as from April 1st, 1927. The policy of the Council has been to make as much use as possible of the District Nurses for Maternity and Child Welfare work and for School work and occasionally for Tuberculosis work. Tuberculosis is a notifiable disease and the notifications are confidential, so that it is desirable to confine this work to whole-time Health Visitors as far as possible, also the investigations required are of a special character. But wherever there are District Nurses able to undertake School work and Maternity and Child Welfare work, they do undertake it. Sometimes, in the larger towns for instance, the District Nurses have insufficient time for this work and it must be done by whole-time Health Visitors. Then all the County is not served by District Nurses, so that even in some rural areas it is necessary to employ whole-time Health Visitors. To prevent overlapping the District Nurses and the whole-time Health Visitors work under a scheme supervised by the Superintendent of the County Nursing Association and the County Medical Officer. Owing to larger salaries paid elsewhere it is difficult to keep all our appointments filled, and during the year we have been without the services of two Health Visitors, and one Health Visitor was away ill for some months.

The following gives some idea of the work done by the Health Visitors, but it is impossible to set it all out on paper.

The work includes for School work, attendance at medical inspections in the Schools with the school doctors, and following-up to their homes children found to require treatment or advice. The Maternity and Child Welfare work includes the visits to the homes where births are notified and the keeping of such children under observation until school age. Although the Maternity and Child Welfare Centres are not under the control of the Council, the Health Visitors are invited to give talks to the mothers, etc., from time to time. For the Tuberculosis work, Health Visitors attend at the Tuberculosis Dispensaries with the Tuberculosis Officer, and visit the homes of all patients considered by the Tuberculosis Officer to require it. One Health Visitor attends the weekly Venereal Clinic held at Tuckingmill Dispensary.

Work of Health Visitors, 1925-26.

Work.	District Nurses.	Whole-time Health Visitors.	Totals.
Maternity and Child Welfare—			
Ante-natal visits	7,530	—	7,530
Other visits to homes ...	44,970	8,774	53,774
Sessions at Centres ...	154	120	274
Tuberculosis—			
Visits to homes	few	2,548	2,548
Sessions at Dispensaries...	—	204	204
School—			
Visits to homes	2,833	1,324	4,157
Sessions at School Inspections	402	238	640
Special Sessions for Cleanliness	—	189	189
Special visits to homes for Cleanliness	—	600	600
Venereal Diseases—			
Sessions at Venereal Clinic	—	52	52
Totals—			
Total visits	55,333	13,246	68,579
Total sessions	556	803	1,359

BLIND PERSONS.

In 1926 there were 677 registered blind persons in the County. The following figures give details of the 610 blind persons registered in 1925, the last available Returns :—

Age period	Males.	Females.	Total.	Percentage.
0—5	2	2	4	0.7
5—16	9	12	21	3.4
16—21	8	7	15	2.5
21—30	12	10	22	3.6
30—40	21	15	36	5.9
40—50	32	22	54	8.9
50—60	55	44	99	16.2
60—70	80	88	168	27.5
70	73	118	191	31.3
Totals ...	292	318	610	

Ages at which blindness occurred :—

Age period.	Males.	Females.	Total.	Percentage. Cornwall.	Percentage. England and Wales
0—1 ...	57	41	98	16.1	21.4
1—5 ...	4	17	21	3.4	10.8
5—10 ...	12	10	22	3.6	
10—20 ...	30	19	49	8.0	9.4
20—30 ...	38	9	47	7.7	9.7
30—40 ...	24	15	39	6.4	9.7
40—50 ...	37	40	77	12.6	11.0
50—60 ...	36	53	89	14.6	9.5
60—70 ...	52	50	102	16.7	9.6
70 ...	17	48	65	10.7	6.4
Unknown ...	—	1	1	0.2	2.5
Totals ...	307	303	610		

Employment, age 16 years and upwards.

	Males.	Females.	Total.	Per cent.
Employed	80	25	105	18.0
Trained, but unemployed ...	8	11	19	3.2
Under training	8	2	10	1.7
No training, but trainable ...	3	8	11	1.9
Unemployable	182	258	440	75.2
Totals	281	304	585	

Occupations of Employed.

Agents, Collectors, etc.	12
Basket and cane workers	111
Boot repairer	1
Clergyman	1
Dealers (tea agents, shopkeepers, etc.) ...	22
Domestic servants	5
Farmers	2
Hawkers	12
Home teachers	4
Knitters	7
Massage	1
Mat maker	1
Musicians and music teachers	5
Newsvendors	2
Poultry farmers	7
Straw and string bag-makers	6
Miscellaneous	6
Total ...	105

Physical and Mental Defectives.

	Males.	Females.	Total.
Mental defectives	13	14	27
Physical defectives	20	16	36
Deaf	15	17	32
Combinations of the above ...	8	3	11
Total ...	56	50	106

School Age Period (5-16 years).

	Males.	Females.	Total.
Normal—			
In school ...	3	4	7
Not in school ...	3	2	5
Mental defectives not in school	1	5	6
Deaf not in school ...	1	2	3
Totals ...	8	13	21

Blind. The most important proceeding is the prevention of blindness and special attention is given to this in the Council's Maternity and Child Welfare scheme. One cause of blindness is Ophthalmia Neonatorum, due to infection at birth or soon

afterwards. This disease is notifiable to the District Medical Officers of Health and only indirectly to the County Medical Officer of Health. Cases occurring in the practice of midwives are notified to the County Medical Officer of Health and the Superintendent of Midwives enquires into all such cases and arranges for extra nursing facilities when necessary. The services of three emergency nurses are available for this purpose. Cases occurring in the practice of medical practitioners are not reported direct to the County Medical Officer, but the services of emergency nurses are available. Blindness as a result of this disease is very unusual now owing to the improved method of treatment and the greater nursing care given to them. Constant nursing attention is required for all such cases.

Other cases of blindness are due to syphilis, and where the history of a woman suggests this possibility Health Visitors suggest that medical advice should be obtained. Free treatment is available at Plymouth and Tuckingmill, and the work done at these centres must materially reduce the risk of blindness in infants. Reference to the Tables shows that less persons become blind at the lower ages.

It is important to note that about 55 per cent. of the existing blind persons became blind after the age of 40 years, either from accident or disease. The first Table, however, shows that at present only about 16 per cent. of the blind persons are under 40 years of age; the tendency is for the blind persons due to accident or disease over middle age to form the greater proportion of blind persons. At one time blindness in early age was responsible for a much larger proportion of blind persons.

Blind Persons Act. The Council's scheme includes the education in special schools of children between the ages of 5 and 16 years and the training of young persons over the age of 16 years in occupations such as basket-making, etc. Trained workers are, after training, employed either as home workers in their own homes, or at the Plymouth Institution as resident journeymen. Persons becoming blind after middle

age are not so suitable for training to new occupations. If over 50 years of age blind persons may be eligible for old age pensions. Blind persons are visited by the home teachers for instruction in Moon and Braille reading, and are kept under observation by the home teachers, and the visitors of the County Blind Association. If necessitous, they may receive assistance from the County Blind Association.

The Council have made an agreement with the "South Devon and Cornwall Institution for the Instruction and Employment of the Blind" for the services of a Supervisor and four home teachers. The Supervisor is responsible for the work of the home teachers and for the home workers in the County, 17 in number. The home workers are supplied with material and arrangements made for the sale of the work. Where necessary, the earnings are supplemented by grants from the Council through the above Institution. It is hoped that better results will be obtained from the blind workers in future. More care is being taken to teach suitable occupations, and more supervision is provided to help the blind persons in their work. The supplements to the wages should induce the workers to work better as the increment depends on their work. One of the difficulties with the blind is to get them to work satisfactorily, and if they do not work the previous education and training is practically wasted. Sentiment requires that blind children should be educated and trained, but it is doubtful whether in the past the results have been in proportion to the expenditure.

The third Table shows that about 75 per cent. of blind persons are unemployable and there are some in necessitous circumstances. If these blind persons receive help from the Guardians they are ineligible for grants from the various blind charities. It is useful to prevent these necessitous blind persons becoming disqualified for these grants if possible, and the Council now make a grant to the Cornwall County Blind Association for this purpose.

The four home teachers made 3,058 visits and gave 517 lessons during the year.

HOUSING.

The only complete Returns of the Housing in the County are contained in the Census Reports. Comparing 1921 and 1911, both Census years: —

	1921.	1911.
Structurally separate dwellings occupied ...	77,991	77,306
Structurally separate dwellings vacant ...	3,686	4,659
Private families	79,820	78,324
Excess of private families over occupied dwellings	1,829	1,018
Average number of private families per occupied dwelling	1.02	1.01
Number of persons per occupied dwelling ...	4.11	4.24
Population	320,705	328,098

The meaning of the ratio 1.02 families per dwelling is :—

	Number.	Persons.
Families living in single occupation of separate dwellings	75,878	95
Families living two in a dwelling	2,972	4
Families housed in dwellings containing three or more families each	970	1

In the Census classification of families a single lodger boarding separately from the occupier is regarded as a separate family.

Rooms and Dwellings. Of the dwellings :—

13.3 per cent. contained 3 rooms or less.
44.9 ,, ,, 4—5 rooms.
32.6 ,, ,, 6—8 rooms.
9.2 ,, ,, 9 rooms or more.

The average number of rooms per structurally separate dwelling in the County is 5.51.

Size of family in relation to number of rooms occupied :—

	Cornwall. 1921.	Cornwall. 1911.	England. and Wales. 1911.
Average size of private family (persons)	3.85	4.03	4.36
Average number of rooms occupied per family—			
(a) in all units of occupation	5.36	—	—
(b) in units of 1—9 rooms only	5.02	4.96	4.52
Average number of rooms occupied per person—			
(a) in all units of occupation	1.39	—	—
(b) in units of occupation of 1—9 rooms only ...	1.33	1.26	1.05

Most private families occupy 4—7 rooms, and most of the private families consist of 2—7 persons. There was in 1921 an increase of 1,496 private families, and this was made up of a decrease of 2,579 families of 5 persons or more and a larger increase of 4,075 families of 4 persons or less. The average size of family was thus reduced from 4.03 persons in 1911 to 3.85 persons in 1921, a drop of 4.5 per cent., and this result was general throughout England and Wales.

The Tables show that while the average size of family has dropped by 4.5 per cent., the average unit of occupation has increased from 4.96 rooms per family in 1911 to 5.02 in 1921, an increase of 1.2 per cent., with the result that the average number of rooms occupied per person in the County as a whole has improved from 1.26 in 1911 to 1.33 in 1921.

Comparing this with other districts :—

	Cornwall. 1921.	County Boroughs except London 1911.	Other Urban areas. 1911	All rural districts. 1911.	Whole of England & Wales. 1911.
Average rooms per person ...	1.33	1.02	1.09	1.13	1.05

For the purpose of providing index figures by means of which housing conditions may be compared with those in another area taking into account the variations in the sizes of the families, the density ratios for England and Wales, 1911, are adopted as a convenient standard. The following Table shows such comparison of Cornwall with England and Wales although it must not be assumed that the standard adopted is a sufficient standard for housing :—

	Actual No. of rooms.	No. of rooms required by England and Wales standard of densities.	Difference.	Ratio per cent. of difference to standard.
Cornwall 1911—				
Total	366,254	327,224	39,030	11.9
Urban areas ...	155,700	140,502	15,198	10.8
Rural districts	210,554	186,722	23,832	12.8
Cornwall 1921—				
Total	381,564	334,646	46,918	14.0
Urban areas ...	164,265	145,534	18,731	12.9
Rural districts	217,299	189,112	28,187	14.9

It will be seen that in 1911 the number of rooms in Cornwall was 11.9 per cent. in excess of the standard, while in 1921 it was 14 per cent. in excess of the standard. It must be remembered that the population is a decreasing one

Present Conditions. The housing question is not such an acute one in Cornwall as in many parts of England and Wales, but quite apart from the sufficient number of houses there is the question of the unfit houses now occupied. In most districts there are such unfit houses, and they are not likely to be closed until the present occupiers can obtain houses at a small rent, a much smaller rent than houses can be built for at present. A useful procedure is adopted in some districts of closing unsatisfactory houses only when they become vacant; in this way there is not the question of turning a particular family out of a house.

Although the population of the County as a whole is diminishing, the population in some towns is increasing, and also in some rural districts, and it is well known that there is

considerable difficulty in obtaining a house in such places. The most promising development would be the introduction of cheaper methods of housing construction so that they might be built and let at an economic rent. The present cost of houses seems to be quite out of all proportion to their value.

In October, 1925, the Council obtained the following Returns from the District Councils in the County showing :—

(1) The number of houses erected in the County since 1918.

(2) The number of houses in course of erection.

(3) The number of houses likely to be erected during the next 12 months.

Erected since 1918 :—

Municipal Boroughs.

	By Local Authority.	By private enterprise with subsidy.	By private enterprise without subsidy.	In course of erection by Local Authority.	Proposed to be erected by Local Authority.	Total.
Bodmin ...	20	14	6	30	18	88
Falmouth ...	58	5	42	20	—	125
Fowey ...	—	17 complete 10 incomplete	3 complete 2 incomplete	—	24	56
Helston ...	12	2	2	—	—	16
Launceston ...	26	1	20	10	—	57
Liskeard ...	—	4	30	—	14	48
Lostwithiel ...	—	8	2	—	—	10
Penryn ...	46	—	—	—	4	50
Penzance ...	—	—	4	—	—	4
St. Ives ...	—	10	40	—	—	50
Saltash ...	18	1	18	—	20	57
Truro ...	14	5 complete 36 proposed	25	28	33	141
	194	113	194	88	113	702

Urban Districts.

	By Local Authority.	By private enterprise with subsidy.	By private enterprise without subsidy.	In course of erection by Local Authority.	Proposed to be erected by Local Authority.	Total.
Callington ...	—	14	12	—	—	26
Camborne ...	—	—	—	—	—	—
Hayle (No demand).		—	—	—	—	—
Looe (No information supplied).						
Ludgvan (no demand)		—	6	—	—	6
Madron ...	—	7 incomplete	15	—	—	22
Newquay ...	12	41 complete 10 incomplete	223	—	4	290
Padstow ...	—	—	7	—	—	7
Paul ...	—	3	14	—	—	17
Phillack (no information supplied).						
Redruth ...	—	5	4	—	—	9
St. Austell ...	38	57	56	—	—	151
St. Just (no demand)		3	8	—	—	11
Stratton & Bude	18	—	112	—	—	130
Torpoint ...	—	9	7	—	—	16
Wadebridge ...	—	29	12	—	—	41
	68	178	476	—	4	726

Rural Districts.

Bodmin ...	6	15	69 complete 19 incomplete	12	8	129
Calstock (no demand)		3	6	—	—	9
Camelford ...	—	12 complete 12 incomplete	79 complete 11 incomplete	—	—	114
East Kerrier ...	62	114 complete 56 incomplete	Several	—	—	232
Helston (no information supplied).						
Holsworthy ...	—	—	2	—	—	2
Launceston ...	—	1 application	Several	—	—	1
Liskeard ...	6	15	12	—	2	35
Redruth ...	—	—	9	—	—	9
St. Austell ...	330	211	66	—	—	607

	By Local Authority.	By private enterprise with subsidy.	By private enterprise without subsidy.	In course of erection by Local Authority.	Proposed to be erected by Local Authority.	Total.
St. Columb Maj.	104	74	123	—	—	301
St. Germans ...	8	30	52	—	—	90
Stratton ...	10	4	74	—	—	88
Truro ...	—	77	208	—	72	357
West Penwith...	—	—	117	—	—	117
	526	624	847	12	82	2,091

Summary.

Municipal Boroughs	194	113	194	88	113	702
Urban Districts	68	178	476	—	4	726
Rural Districts	526	624	847	12	82	2,091
	788	915	1,517	100	199	3,519

State Subsidies. The following Acts have contributed to the erection of houses for the working classes :

(1) The Addison Act, 1919. One penny on the local rates and the rest on the Treasury.

(2) The Chamberlain Act, 1923. This Act is that generally used for private enterprise. This is a subsidy of £6 a year for 20 years and is not subject to special conditions.

(3) The Wheatley Act, 1924. £9 a year for 40 years, subject to special conditions. (£12 10s. in agricultural districts.)

In England and Wales the following houses were authorised to March, 1926 :—

	Local Authorities.	Private enterprise.
Chamberlain Act, 1923 ...	54,917	213,475
Wheatley Act, 1924 ...	108,472	3,162

MILK (SPECIAL DESIGNATIONS) ORDER, 1923.

Certified Milk. One licence has been issued by the Minister of Health. This milk is sold in Falmouth and Truro.

" Grade A " Milk. 10 licences have been issued by the Council to produce and bottle " Grade A " milk. Most of this milk is sent to Plymouth, but some is sold in Newquay, Bude, St. Austell, and Camborne.

The Clean Milk Competitions held in the County have been of great assistance in improving the conditions of milk production, as the competitors are instructed in the process of clean milk production and learn that it is possible to produce " Grade A " milk with very simple appliances provided that cleanliness is insisted upon. In practice it is found that it is easier to produce high grade milk when no outside labour is necessary. If it is necessary to employ extra help beyond the members of the family it is much more difficult to ensure sufficient cleanliness at all times. It is sometimes found that a bonus promised on the results is useful. All the licences for " Grade A " milk have so far been issued to persons who have taken part in Clean Milk Competitions.

Milk and Dairies (Consolidation) Act, 1915. (Now in operation.)

Milk and Dairies Order, 1926. (Comes into operation on 1st October, 1926.)

Tuberculosis Order, 1925. (Now in operation.)

The above Act and Orders have been made with the object of improving the milk supply, etc. Under the Milk and Dairies (Consolidation) Act, 1915, which came into operation in 1925, the various Councils have power to arrange for the examination of cows suspected to be suffering from Tuberculosis, or giving tuberculous milk. It is now illegal to sell milk for human consumption from a cow known to be giving tuberculous milk or to be suffering from Tuberculosis with emaciation, or suffering from tuberculosis of the udder. So far three herds have

been examined in the County, all in connection with the milk supply of Plymouth. Under the Tuberculosis Order the slaughter of bovine animals suffering from certain forms of Tuberculosis is compulsory, and compensation is paid to the owner according to a scale under which the least compensation is payable for an animal suffering from advanced Tuberculosis and full compensation when the animal is found not to be suffering from Tuberculosis.

Certain forms of Tuberculosis in bovine animals are notifiable and there are penalties for failure to notify.

Under the Milk and Dairies Order, 1926, further provisions are made for the health and inspection of cattle, for securing the cleanliness of dairies, etc., and for protecting milk against infection and contamination, and for the cooling of milk unless it is delivered to the consumer immediately after milking. Very considerable powers will now be available for the improvement of the milk supply if they are taken advantage of by the District Councils.

Sale of Food and Drugs Acts, 1875—1907.

A record of the work done in the County is given here, but this work is under the control of the Chief Constable of the County.

Name of Artiele.	Number of Samples taken.	Genuine.	Adulterated.	Remarks.
Milk	163	139	24	13 samples had added water and 10 samples were deficient in fat. 1 sample had 41·3% added water and also was 59·6% deficient in fat.
Seald Milk	7	6	1	6·8% added water.
Cream	8	8	...	
Butter	47	46	1	
Iee Cream	1	1	...	
Margarine	9	9	...	
Lard	11	11	...	
Cheese	4	4	...	
Sausages	1	1	...	
Coeoa	3	3	...	
Sugar	5	5	...	
Chocolate	1	1	...	
Beef Suet	2	2	...	
Flour	2	2	...	
Corn Flour	1	1	...	
Rice	1	1	...	
Shredded Beef Suet ...	2	2	...	
Self Raising Flour	2	2	...	
Ground Almonds	1	1	...	
Brawn Beef	1	1	...	
Coffee extraet	1	1	...	
Jam	4	4	...	
Corned Beef	2	2	...	
Baking Powder	3	3	...	
Cake	1	1	...	
Lemonade Powder	1	1	...	
Jelly Powder...	1	1	...	
Sherbet	1	1	...	
Sweets	2	2	...	
Lemon Peel	1	1	...	
Sultanas	1	1	...	
Saffron	13	6	7	Contained from 14·6% to 23·1% of moisture.
Vinegar	2	2	...	
Peas	2	2	...	
Pepper	3	3	...	
Malt Vinegar	3	2	1	Contained 70% of vinegar other than malt vinegar.
Pickles	1	1	...	
Mustard	1	1	...	
Totals	315	281	34	

ISOLATION HOSPITALS.

There is the following provision in the County :—

District.	Population.	Description.	No. of beds.
Camborne U.	14,600	A private house, built of stone ; was used in an Enteric Fever outbreak, and also for Small-pox. Only one disease can be treated at a time. No administrative or discharging block ; no laundry. 3 wards.	8
Falmouth B.	13,170	A wooden building containing 2 wards with 4 beds each, nurses' room, sitting room, and kitchen, all under one roof. Two diseases concurrently.	8
Newquay U.	5,188	Hospital at Trevenson in St. Columb R.D. A corrugated iron building on brick foundations. Two wards in one block, 4 beds in each. No drainage.	8
Penzance B.	11,500	A wood and iron building at Mount Misey, containing 2 wards with 6 beds in each, with nurses' sitting and bedrooms, and 2 single bedded wards between the larger wards. One disease at a time.	14
Redruth U.	9,727	In Redruth. Converted house.	12
Stratton & Bude U.	3,168	A wooden hospital, consisting of a kitchen and scullery with 2 nurses' rooms and a store room at one end ; in the middle a ward with 6 to 8 beds, and at the other end an annexe with bath and w.c. Warmed by stoves. Jointly with the R.D. One disease at a time.	6-8
Truro City	11,120	An old stone building, converted, situated in the city. Scarlet Fever and Diphtheria, 2 diseases concurrently. No administrative or discharge blocks or disinfecting apparatus. Additional ward for 10 beds, with bath and lavatory accommodation recently completed.	25
Redruth R.	17,200	Situated at West Tolgus in Illogan parish. The building is a disused stone workshop at an old mine. Wards inter-communicating.	14
St. Columb R.	11,870	Wooden bungalow situated at Castle-an-Dinas.	Few
St. Germans R.	12,060	For Small-pox.	Few
Stratton R.	5,141	See Stratton & Bude U. Hospital used jointly by the two Councils.	——
Truro R.	18,930	A wooden and iron building at St. Agnes. Two diseases can be treated concurrently if nurse's room is used for a ward.	4-8

PUBLIC HEALTH (MILK AND CREAM) REGULATIONS, 1912 and 1917.

Report for the Year ended 31st December, 1925.

1. Milk, and cream not sold as preserved cream :—

	(a) Number of samples examined for the presence of a preservative.	(b) Number in which a preservative was reported to be present.
Milk	170	None
Cream	8	None

Nature of preservative in each case in column (b) and action taken under the Regulations in regard to it.

2. Cream sold as Preserved Cream :—

(a) Instances in which samples have been submitted for analysis to ascertain if the statement on the label as to preservatives were correct :—

(i) Correct statements made ... ... None
(ii) Statements incorrect ... ... None

Total ... None

(b) Determinations made of milk fat in cream sold as preserved cream :—

(i) Above 35 per cent. ... ... None
(ii) Below 35 per cent. ... ... None

Total ... None

(c) Instances where (apart from analysis) the requirements as to labelling or declaration of preserved cream in Article V (1) and the proviso in Article V (2) of the Regulations have not been observed ... ... None

(d) Particulars of each case in which the Regulations have not been complied with, and action taken None

3. Thickening Substances. Any evidence of their addition to cream or to preserved cream.

Action taken where found ... ... No.

4. Other observations, if any ... ... None.

(Signed) H. B. PROTHEROE-SMITH,
Lieut.-Colonel,
Chief Constable of Cornwall.

TABLE I.—Total Number of Births and Deaths in each District during the year 1925.

DISTRICT.	Population.	Births.						Deaths.							
		Legitimate.		Illegitimate.		Total.	Rate.	Under 1 Year.			At all Ages.				
								Number.		Total.	Rate per 1,000 births	Number.		Total.	Rate.
1	2	3		4		5	6	7		8	9	10		11	12
Urban.		M.	F.	M.	F.			M.	F.			M.	F.		
Bodmin	*5,639	31	34	2	2	69	12·23	..	3	3	43·48	25	29	54	9·93
Callington	1,750	11	18	2	..	31	17·71	1	2	3	96·77	12	14	26	14·86
Camborne	14,600	112	92	7	4	215	14·72	13	6	19	88·37	80	108	188	12·87
Falmouth	13,170	126	95	7	5	233	17·69	5	2	7	30·04	78	77	155	11·77
Fowey	1,980	12	18	..	1	31	15 66	2	..	2	64·52	14	13	27	13·64
Hayle	953	7	1	1	..	9	9·44	1	..	1	111·11	9	7	16	16·79
Helston	2,647	18	18	2	..	38	14·35	..	1	1	26·32	15	22	37	13·98
Launceston	3,867	23	20	..	..	43	11·12	1	..	1	23·26	36	24	60	15·51
Liskeard	4,322	27	28	3	3	61	14·11	2	..	2	32·79	26	28	54	12·49
Looe	2,723	18	12	2	..	32	11·75	1	1	2	62·50	18	15	33	12·12
Lostwithiel	1,285	11	12	1	..	24	18 68	1	1	2	83·33	7	14	21	16·34
Ludgvan	2,033	13	9	..	1	23	11·31	..	..	..	nil	10	8	18	8·85
Madron	3,436	20	18	1	2	41	11·93	..	3	3	73·17	18	30	48	13·97
Newquay	5,188	25	30	2	2	59	11·37	2	1	3	50·85	31	23	54	10·41
Padstow	1,658	9	17	..	1	27	16·28	..	1	1	37·04	7	8	15	9 05
Paul	5,669	45	53	2	2	102	17·99	3	5	8	78·43	31	44	75	13·23
Penryn	3,172	37	28	..	1	66	20·81	2	2	4	60·61	22	21	43	13·55
Penzance	11,500	88	65	3	8	164	14·26	2	5	7	42·68	68	105	173	15·04
Phillack	3,382	32	29	2	2	65	19·22	2	1	3	46·15	19	23	42	12·42
Redruth	9,727	78	79	2	2	161	16·55	5	3	8	49·69	57	81	138	14·19
St. Austell	†6,826	58	43	3	4	108	15·82	4	3	7	64·81	40	43	83	12·16
St. Ives	6,402	50	35	4	1	90	14·06	4	3	7	77·78	38	59	97	15·15
St. Just	5,260	53	62	3	1	119	22·62	3	5	8	67·23	40	48	88	16·73
Saltash	3,550	33	26	2	2	63	17·75	2	1	3	47·62	25	14	39	10·98
Stratton and Bude	3,168	20	21	2	..	43	13·57	..	..	..	nil	14	15	29	9·15
Torpoint	4,432	32	31	..	1	64	14·44	1	..	1	15·62	24	14	38	8·57
Truro City	11,120	84	76	2	10	172	15·47	6	5	11	63.95	58	81	139	12·50
Wadebridge	2,338	17	12	1	..	30	12·83	..	..	..	nil	17	18	35	14·97
Totals	§141,797	1090	982	56	55	2,183	15·39	63	54	117	53·59	839	986	1,825	12·89
Rural.															
Bodmin	9,996	75	88	6	4	173	17·30	1	9	10	57·80	61	62	123	12 30
Calstock	4,698	37	40	1	1	79	16·81	3	4	7	88·61	38	49	87	18 52
Camelford	7,613	65	52	..	..	117	15·37	2	4	6	51·28	47	51	98	12·87
East Kerrier	8,455	56	66	3	2	127	15·02	6	1	7	55·12	43	52	95	11·23
Helston	16,400	119	97	5	3	224	13·66	7	5	12	53·57	103	108	211	12·87
Holsworthy (part of)	369	1	2	..	1	4	10 84	..	..	..	nil	3	1	4	10·84
Launceston	7,200	59	50	5	2	116	16·11	2	2	4	34·48	47	57	104	14·44
Liskeard	14,760	131	98	5	7	241	16·33	11	6	17	70·54	104	104	208	14·09
Redruth	17,200	142	113	10	9	274	15·93	9	11	20	72·99	109	134	243	14·13
St. Austell	28,443	251	212	14	6	483	16·98	18	12	30	62·11	177	179	356	12·52
St. Columb	11,870	115	91	4	1	211	17 78	5	5	10	47·39	60	80	140	11·79
St. Germans	12,060	100	100	5	1	206	17.08	4	5	9	43·69	61	75	136	11·28
Stratton	5,141	41	41	..	..	82	15·95	4	1	5	60·98	34	27	61	11·86
Truro	18,930	151	114	12	3	280	14·79	8	4	12	42.86	114	162	276	14·58
West Penwith	10,460	84	59	5	2	150	14·34	4	4	8	53·33	52	63	115	10·99
Scilly Isles	1,708	12	11	..	..	23	13·46	2	4	6	260·87	8	14	22	12·88
Totals	175,303	1439	1231	75	42	2,790	15·91	86	77	163	58·42	1,061	1,218	2,279	13 00
Whole County	§317,100	2529	2216	131	97	4,973	15·68	149	131	280	56·30	1,900	2,204	4,104	12.95

Rates calculated per 1,000 of the population. *The death-rate for Bodmin Urban is calculated on the population of 5,439.

§Total Urban and County Populations for death-rate, 141.597 and 316,900 respectively.

†The area of St. Austell Urban District enlarged from 1st April, 1925.

TABLE II.—Infectious Diseases notified in each district during the Year 1925.

Sanitary District	Diphtheria	Erysipelas	Scarlet Fever	Enteric Fever	Puerperal Fever	Cerebro-Spinal Fever	Poliomyelitis	Ophthalmia Neonatorum	Pulmonary Tuberculosis	Other forms of Tuberculosis	Encephalitis Lethargica	Acute Polio-Encephalitis	Malaria	Infective Enteritis	Pneumonia	Totals
Urban																
Bodmin -	2	2	9	5	..	..	.	..	15	9	.	..	1	..	3	46
Callington -	..	..	1	..	..	..	..	..	2	..	..	..	..	..	2	5
Camborne -	2	5	4	..	..	..	..	2	32	11	..	..	1	..	..	57
Falmouth -	8	1	2	1	..	..	..	1	12	1	5	..	..	..	1	32
Fowey -	..	..	..	..	..	..	..	..	..	..	..	..	..	..	2	2
Hayle -	..	1	9	..	..	..	..	1	1	..	..	..	..	..	2	14
Helston -	..	1	11	..	..	..	.	..	5	..	1	..	..	..	..	18
Launceston -	2	3	8	..	..	..	..	..	3	2	..	..	..	..	25	43
Liskeard -	3	3	16	1	..	..	1	..	7	1	..	..	..	..	..	32
Looe -	..	..	5	..	..	..	..	..	1	..	..	..	..	..	..	6
Lostwithiel -	..	..	..	..	..	..	..	..	7	..	1	..	.	..	..	8
Ludgvan -	..	..	4	..	..	..	..	..	1	..	..	..	..	..	2	7
Madron -	2	..	..	..	..	..	..	..	1	..	1	..	..	..	..	4
Newquay -	..	2	..	..	..	..	..	..	6	1	3	..	..	..	1	13
Padstow -	..	..	..	..	..	..	..	..	1	..	1	..	..	..	..	2
Paul -	1	..	..	3	..	..	..	..	2	..	..	..	..	..	..	6
Penryn -	..	1	..	..	..	..	..	..	2	..	..	..	..	..	1	4
Penzance -	28	..	5	..	..	..	..	..	9	2	1	..	..	..	..	45
Phillack -	1	..	7	..	..	..	..	..	3	1	..	..	..	..	1	13
Redruth -	6	5	4	..	..	..	..	..	15	7	1	..	..	..	11	49
St. Austell -	2	1	4	..	..	..	..	..	5	3	..	..	..	..	10	25
St. Ives -	3	1	1	1	..	..	..	..	10	2	1	..	..	.	..	19
St Just -	..	..	..	..	1	1	..	..	15	1	..	..	..	..	..	18
Saltash -	3	..	..	2	..	..	..	..	5	2	1	..	..	..	11	24
Stratton & Bude -	1	..	..	2	..	..	..	..	..	..	..	..	..	..	..	3
Torpoint -	10	7	9	..	..	..	..	..	4	2	..	..	..	..	19	51
Truro City -	..	1	4	2	..	..	..	2	14	2	..	..	..	..	..	25
Wadebridge -	..	..	..	..	..	..	..	..	2	..	1	...	..	..	3	6
Totals -	74	34	103	17	1	1	1	6	180	47	17	..	2	..	94	577
Rural																
Bodmin -	..	..	5	..	..	..	..	..	8	1	..	..	..	..	1	15
Calstock -	1	..	3	1	..	..	..	..	7	1	..	..	..	..	10	23
Camelford -	..	..	39	..	1	..	..	..	10	2	..	..	..	..	13	65
East Kerrier -	..	..	..	..	..	..	..	..	7	..	1	..	..	..	1	9
Helston -	2	2	8	..	..	..	..	..	10	3	1	..	..	..	..	26
Holsworthy(part of	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Launceston -	..	5	..	..	1	..	..	..	4	..	3	..	1	..	25	39
Liskeard -	..	1	25	..	1	..	..	1	10	5	1	..	..	..	3	47
Redruth -	9	11	11	2	1	..	..	6	42	23	1	..	..	..	18	124
St. Austell -	4	1	10	1	..	1	..	2	26	11	..	..	..	..	9	65
St. Columb -	..	1	1	..	1	..	..	..	5	1	2	..	..	..	1	12
St. Germans -	2	..	7	..	..	..	..	..	22	4	1	..	..	..	13	49
Stratton -	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..	..
Truro -	..	2	13	1	2	..	..	1	22	2	1	..	..	..	2	46
West Penwith -	1	..	11	1	..	..	..	1	3	1	..	..	..	..	2	20
Totals -	19	23	133	6	7	1	..	11	176	54	11	..	1	..	98	540
Whole County -	93	57	236	23	8	2	1	17	356	101	28	..	3	..	192	1117

Table IV. Causes of Death at Different Periods of Life in 1925.

Causes of Death.	Sex	Aggregate of Urban Districts.										Aggregate of Rural Districts.									
		All Ages.	0—	1—	2—	5—	15—	25—	45—	65—	75—	All Ages.	0—	1—	2—	5—	15—	25—	45—	65—	75—
All Causes	M	839	63	10	13	12	32	95	224	191	199	1061	86	13	16	21	35	110	248	243	289
"	F	986	54	9	8	20	31	86	198	213	307	1218	77	17	11	20	57	97	259	275	405
1. " Enteric Fever	M	...	...	...	...	...	...	...	...	...	...	2	...	...	...	...	1	1	...	...	...
"	F	2	...	...	...	1	1	...	...	...	...	1	...	...	...	1	...	...	...	...	..
2. Small Pox	M	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
"	F	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	..	...	..	...	...
3. Measles	M	3	...	...	2	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
"	F	...	...	...	...	...	...	...	...	..	...	2	...	1	...	1	...	...	...	....	...
4. Scarlet Fever	M	...	...	...	...	...	...	...	...	...	...	1	...	...	...	1	...	...	..	...	...
"	F	...	...	...	...	...	...	...	...	...	...	...	...	..	...	...	...	...	...	...	...
5. Whooping Cough	M	5	4	...	1	...	...	...	...	...	...	1	1	...	...	...	...	...	...	...	...
"	F	4	3	1	...	...	...	...	...	...	...	6	1	2	3	...	...	...	...	...	...
6. Diphtheria	M	4	...	...	2	1	...	1	...	...	...	1	...	...	1	...	...	...	...	...	...
"	F	2	...	...	...	1	...	...	1	...	...	2	...	...	...	2	...	...	...	...	...
7. Influenza	M	19	1	...	...	..	1	2	8	...	7	28	...	...	...	1	5	3	7	6	6
"	F	18	...	...	1	...	..	2	2	7	6	33	...	...	1	..	3	3	9	5	12
8. Encephalitis lethargica ...	M	5	...	...	1	...	...	2	2	...	...	3	...	...	...	...	1	...	1	1	..
" "	F	3	...	...	2	...	...	...	1	..	...	7	...	...	..	...	2	...	3	2	...
9. Meningococcal meningitis ...	M	1	...	...	...	1	...	...	...	...	...	1	1	..	...	...	...	...	...	...	...
" " ...	F	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	.	...	..	...	...
10. Tuberculosis of respiratory system	M	90	...	...	...	1	15	33	34	7	...	78	...	...	...	1	14	28	28	5	2
" " " ...	F	61	...	1	...	4	16	31	8	...	1	66	...	...	...	1	22	26	13	3	1
11. Other Tuberculous Diseases ...	M	10	...	1	2	1	..	4	2	...	...	16	1	2	1	3	1	3	4	1	...
" " ...	F	13	...	1	...	...	3	4	2	2	1	22	1	...	...	4	8	5	1	2	1
12. Cancer, malignant disease ...	M	95	...	...	...	1	...	2	33	39	20	103	...	...	...	...	1	8	40	36	18
" " ...	F	137	...	...	...	...	...	9	59	40	29	182	...	...	...	...	1	10	77	55	39
13. Rheumatic Fever	M	3	...	...	...	1	1	1	...	...	...	1	...	...	...	...	...	...	...	1	...
"	F	...	...	...	...	..	...	...	...	...	...	4	...	...	...	2	1	1	...	...	...
14. Diabetes	M	12	...	...	...	...	...	...	2	6	4	10	...	...	...	1	...	2	1	4	2
"	F	9	...	...	...	...	2	1	2	2	2	16	...	...	...	1	...	1	8	3	3
15. Cerebral hæmorrhage, &c. ...	M	51	...	...	...	...	...	...	10	21	20	50	...	...	...	...	...	2	7	20	21
" "	F	95	...	...	...	...	...	1	22	28	44	96	...	...	...	...	...	1	22	40	33
16. Heart disease	M	135	...	1	...	...	...	6	46	37	45	153	...	...	...	...	...	8	34	60	51
"	F	181	...	...	...	...	...	3	34	61	83	200	...	...	...	...	2	5	39	70	84
17. Arterio-sclerosis	M	25	...	...	...	...	...	...	4	14	7	51	...	...	...	...	...	...	12	14	25
" "	F	22	...	...	...	...	...	...	2	4	16	38	...	...	...	...	...	..	4	9	25
18. Bronchitis	M	45	5	...	...	...	...	2	7	16	15	65	5	3	3	...	...	2	9	16	27
"	F	66	3	...	1	...	...	3	3	17	39	72	5	...	...	...	...	...	8	11	48
19. Pneumonia (all forms)	M	36	7	3	1	...	1	6	9	5	4	45	7	3	2	...	2	5	10	6	10
" "	F	39	4	1	1	...	2	6	12	3	10	41	6	6	2	1	...	2	7	9	8
20. Other respiratory diseases ...	M	20	1	...	...	...	...	5	7	5	2	30	1	...	...	...	...	3	11	11	4
" ...	F	9	...	...	1	1	...	...	1	1	5	11	...	...	...	...	...	1	2	7	1
21. Ulcer of stomach or duodenum ...	M	6	...	...	...	...	...	2	4	...	...	11	...	...	...	...	...	2	7	2	...
" " " ...	F	7	...	...	...	...	...	1	4	2	...	4	...	...	...	...	...	2	...	...	2
22. Diarrhœa, &c.	M	7	4	2	...	...	...	...	1	...	...	17	11	1	2	...	..	...	1	...	2
"	F	7	4	...	...	...	...	...	1	2	...	12	6	1	...	1	1	...	1	1	1
23. Appendicitis and Typhlitis ...	M	5	...	...	...	...	2	1	1	...	1	12	...	...	2	4	...	1	4	1	...
" " ...	F	6	...	...	...	3	1	1	1	...	...	9	...	...	...	2	1	2	2	2	...
24. Cirrhosis of Liver "	M	4	...	...	...	...	...	...	3	1	...	2	...	...	...	...	...	...	1	1	...
" "	F	1	...	...	...	...	..	...	1	...	...	2	...	...	...	...	...	...	1	...	1
25. Acute and chronic nephritis ...	M	23	...	...	...	...	1	2	9	7	4	30	...	...	...	2	2	2	8	9	7
" "	F	27	...	...	...	1	...	2	8	10	6	39	...	...	1	...	1	5	11	11	10
26. Puerperal sepsis	M	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
"	F	2	...	...	...	...	...	2	...	...	...	7	...	...	...	...	2	5	...	...	...
27. Other accidents and diseases of pregnancy and parturition " "	M	...	...	...	...	...	...	...	...	...	...	..	...	...	...	...	...	...	...	...	...
	F	10	...	...	...	...	4	6	...	...	.	15	...	...	...	...	6	9	...	...	...
28. Congenital Debility and malformation, premature birth "	M	32	30	1	...	...	...	1	...	...	...	42	41	...	...	1	...	...	...	...	...
	F	27	26	...	1	...	...	...	...	...	...	46	45	1	...	...	...	..	...	...	...
29. Suicide	M	5	...	...	...	...	1	2	1	1	...	14	...	...	...	...	...	7	5	1	1
"	F	1	...	...	...	...	...	...	1	...	...	2	...	...	...	...	...	...	2	...	...
30. Other deaths from violence ...	M	23	...	...	2	2	3	5	8	1	2	39	1	3	2	4	3	13	9	2	2
" " ...	F	13	...	2	...	4	...	1	2	1	3	22	...	...	2	1	2	3	1	3	10
31. Other defined diseases	M	173	11	2	2	3	7	17	33	30	68	242	15	1	2	3	5	18	46	42	110
"	F	223	13	3	1	5	2	13	31	33	122	258	13	5	2	3	5	16	46	42	126
32. Causes ill-defined or unknown ...	M	2	...	...	...	...	...	1	...	1	...	13	2	...	1	...	...	...	2	3	4	1
" " ...	F	1	1	...	...	...	...	...	...	...	...	3	...	1	...	...	...	...	2	...	...